

L17000164 682

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

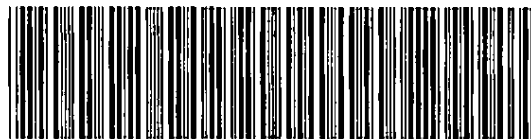
(Business Entity Name)

(Document Number)

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2017 AUG 31 AM 8:49
TALLAHASSEE FL 09176

SEP 05 2017
J. HARRIS

JENNA

850 - 245 - 6950

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BPS INDEPENDENT Living, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ROBERT BROWNING
Name of Person

BPS INDEPENDENT Living, LLC
Firm/Company

2451 SE GOLFWOOD DR.
Address

STUART, FL 34996
City/State and Zip Code

ROBBIE@RUNBCLAPMARKETS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ROBERT BROWNING at (321) 217-1554
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STATEMENT of



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 11, 2017

ZACHARY SOUMBOS
529 NORTH MAGNOLIA AVENUE
ORLANDO, FL 32801

SUBJECT: BPS INDEPENDENT LIVING LLC
Ref. Number: L17000164682

We have received your document for BPS INDEPENDENT LIVING LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee for filing a registered agent's statement of resignation from an active limited liability company is \$85. Therefore, there is a balance due of \$60.00.

Please correct name of business and name of the registered agent to reflect our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00016439

2017 AUG 31 PM 1:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2017 AUG 31 AM 8:49
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: BPS, INDEPENDENT, LLC

2. (a) 2451 SE GOLFWOOD DR. (b) 2451 SE GOLFWOOD DR.
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

STUART, FL 34996 STUART, FL 34996

3. AUGUST 2, 2017 4. L17000164682
Date of filing/registration in Florida Document number

5. (a) ROBERT W. BROWNING
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

2451 SE GOLFWOOD DR.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
STUART, FL 34996
_____, FL

25 (b) ZACHARY E. STOUMBOS
Enter name of NEW Registered Agent and/or NEW Registered Office address:

529 NORTH MAGNOLIA AVE.
NEW Registered Office Address:
ORLANDO, FL 32801
_____, FL

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TALLAHASSEE, FL
FACILITY

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature] ROBERT W. BROWNING
Signature of a member or authorized representative of a member Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent