Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (950)617-6383

From:

Account Name : SMITH, GAMBRELL & RUSSELL LLP

Account Number : 120020000143 Phone : (404)815-3538

Fax Number : (404)815-3509

\*\*Enter the email address for this business entity to be used for future ... annual report mailings. Enter only one email address please. \*\*

Email Address:

## LLC REGISTERED AGENT CHANGE BMG BRADENTON, LLC

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Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

MAY 1 4 2020

## **COVER LETTER**

TO:	Registration Section Division of Corporations				
	BMG Bradenton, LLC		·		
SUBJI	Name of Limited Liability Company				
Dear S	ir or Madam;				
The en	closed Registered Agent/Registered Off	ice Change and	d fee(s) are submitted for filing.		
Pleasc	return all correspondence concerning th	is matter to the	e following:		
Kathy	M. Hennessey				
	Name of Person				
Smith	, Gambrell & Russell, LLP				
	Firm/Company		<del>_</del>		
50 N.	Laura Street, Suite 2600				
	Address				
Jacks	onville, Florida 32202				
	City/State and Zip Code				
khem	essey@sgrlaw.com				
	mail address: (to be used for future an	auai report not	ification)		
For fu	rther information concerning this matter	, please call:			
Kath	M. Hamessey	904 at (	598-6134		
	Name of Person	w \	Area Code & Daytime Telephone Number		
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassec 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclosed is a check for the followin	g amoust:			
	€ \$25 Filing Fee		\$55 Filing Fee & Certified Copy		

## 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.

	me of the limited liability company: BMG Bradent		
(a)		(b)	
( <del>-</del> ) .	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12000 Exit 5 Parkway		
	Fishers, Indiana 46307		
	October 2, 2017	1.17	000203204
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records	of the Florida Dept	2020 11/A
	Muhamed Becovic		
	Registered Office Address MUST BE FLORIDA STRE	TADDRESS)	 
	7050 Firehouse Road		
	Looghost Van	34228	<u>—</u>
	Longbort Key	FL	<del></del>
	James B. Porter		
	NEW Registered Office Address: 50 N. Laura Street, Suite 2600		
	<del></del>		<u></u>
	<del></del>	,FL_32202	
chang agent was/w the ar	Jacksonville  limited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	laws of the Stathe registered of liability compers of the limited the limited liability liability the limited liability liabil	any, it is hereby confirmed that the change(s) if liability company or as otherwise provided in lifty company.  med Becovic
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chang agent was/w the ar	Jacksonville  limited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the membericles of organization or the operating agreement of	laws of the Stathe registered of diability compares of the limited the limited habit	any, it is hereby confirmed that the change(s) il liability company or as otherwise provided in litry company.  The Becovic Printed or typed name of signee