

Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 : (307)200-2803 Phone : (855)330-1010 Fax Number **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 **BTGN PROPERTIES LLC**

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AUG 1 7 2018

S. PRATHER

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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.

L. Na	ame of the limited liability company: BTGN	PROPER	RTIES LLC		
2. (a)	12927 SHADY FERN LANE	(b) 7	(b) 7308 HIGH LAKE DRIVE		
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	GIBSONTON, FL 33534		ORLANDO, FL 32818		
	01/18/2018	L1	18000016095		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	ROTHWELL, GULNARA				
. (u)	Registered Agent and Registered Office shown on the record	s of the Florida De	ept of State:		
	7308 HIGH LAKE DRIVE				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	Orlando	FL 32818	. 67		
	Ottatido	FL 02010			
(b)	Registered Agents Inc.		73		
(0)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office addre			
	3030 N. Rocky Point Dr.		· ·		
	NEW Registered Office Address	· · · · ·			
	STE 150A	<u></u>			
	Tampa	, _{FL} 33607			
the ch agent was/w	limited liability company is not organized under the lange or changes are made, the Florida street addres will be identical. Or, in the case of a Florida limite vere authorized by an affirmative vote of the membericles of organization or the operating agreement of	s of the register d liability comp ers of the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in		
	ature of a member or authorized representative of a member	Riley			
			Printed or typed name of signee		
provis the ob- to mer	eby accept the appointment as registered agent and sions of all statutes relative to the proper and compoligations of my position as registered agent as proved reflect a change in the registered office addressed in writing of this change.	agree to act in lete performant sided for in Che s, I hereby conj	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept upter 605, F.S. Or, if this document is being filed firm that the limited liability company has been		

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

-President

Bill Havre

Signature of Registered Agent

, J.