

L18000046966

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

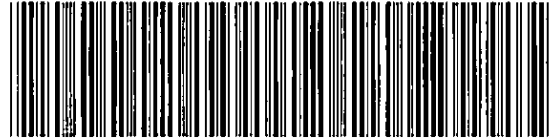
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED

2025 JAN 24 PM 12:22

2025 JAN 24 AM 9:15

SECRETARY OF STATE

101 THOMAS STREET, 10TH FLOOR  
DOVER, DE 19901

Ra Change

JAN 27 2025

D CUSHING

**Sunshine State Corporate Compliance Company**

3458 Lakeshore Drive, Tallahassee, Florida 32312

(850) 656-4724

DATE 1/24/2025

**\*\*WALK IN\*\***

ENTITY NAME BV MANAGER LLC

DOCUMENT NUMBER \_\_\_\_\_

**\*\*PLEASE FILE THE ATTACHED AND RETURN\*\***

XXXXXX

*Plain Copy*

*Certified Copy*

*Certificate of Status*

**\*\*PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY\*\***

*Certified Copy of Arts & Amendments*

*Certificate of Good Standing*

**\*\*APOSTILLE / NOTARIAL CERTIFICATION\*\***

COUNTRY OF DESTINATION \_\_\_\_\_

NUMBER OF CERTIFICATES REQUESTED \_\_\_\_\_

TOTAL OWED \$25.00

ACCOUNT #: I20160000072

*S R JH*

*Please call Tina at the above number for any issues or concerns. Thank you so much!*

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2025 JAN 24 PM 12:22

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** BV MANAGER 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:

Amy Purdy

\_\_\_\_\_  
Name of Person

SingleFile Technologies, Inc.

\_\_\_\_\_  
Firm/Company

113 Cherry St, PMB 70875

\_\_\_\_\_  
Address

Seattle, WA 98104

\_\_\_\_\_  
City/State and Zip Code

legal@integrafl.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Purdy

\_\_\_\_\_  
Name of Person

800-391-9869

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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 Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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2025 JAN 24 PM 12:22  
CLERK OF COURT  
JAN 24 2025

**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: BV MANAGER LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

150 SE 2ND AVE., STE. 800

150 SE 2ND AVE., STE. 800

MIAMI, FL 33131

MIAMI, FL 33131

02/22/2018

L18000046966

3. Date of filing/registration in Florida 4. Document number

5. (a) BCRA, LLC  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

LYNN FINANCIAL CENTER

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1905 NW CORPORATE BLVD SUITE 310

Boca Raton, FL 33431

(b) REGISTERED AGENT'S INC

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

7901 4th St N Ste 300

St. Petersburg, FL 33702

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2025 JAN 24 PM 12:22  
STATE OF FLORIDA  
TALLAHASSEE

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.

Craig Thompson  
Signature of a member or authorized representative of a member

Craig Thompson  
Printed or typed name of signee

*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.*

David Roberts David Roberts, Assistant Secretary  
Signature of Registered Agent