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(City/State/Zip/Phone #)					
(Business Entity Name)	03/23/1901015025 **25.00				
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Special Instructions to Filing Officer:	2019 SEP 23 111 9:06				
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COVER LETTER

" TO: **Registration Section Division of Corporations**

Operations LLC. SUBJECT:

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:

Veronica Solis Name of Person Byo Operations

South US One STE 105 Address

Supter, FL 33477 City/State and Zip Code

VIRONICA. Solis Deyon DRGUNIC notitionals Com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LUDALCA Solis at (S61) 290 - 9826 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:

S25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	me of the limited liability company: $___B40$	$O_{\rm f}$	Sera	tions, LL.	<u>ر.</u>		
2. (a)	S490 CR 333 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (b)	-	190 CR 33 Mailing address of limited (Note: MAY BE POS)	d liability		
	Kostkonsng, MO (05092	_	¥	ospkorong	r,HC	<u>) (651</u>	<u>69</u> 2
7	04/02/18		L	180008	103	<u>.</u>	
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	Dule, Konneth A JR Registered Agent and Registered Office shown on the records of the 924 Ponpac Pure Registered Office Address)	•	_ 			
(b)	FL_			-	-4 - 7	2019 SEP	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	office add	ress:	-		10 13	۰۱۰ مدی میرمیر ع
	900 Soudh US one						
	NEW Registered Office Address:			_		ب	5
		-		_		06	
		33	477	-			
the cha agent w was/we	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization of the operating agreement of the limited liab	he regist fility cor the limi	ered offic npany, it i ted liabilit	e and the business of s hereby confirmed the y company or as othe	fice of t hat the c	he registe change(s)	ered

Veronica Solis Printed or typed name of signee Signature of a member or authorized representative of a member

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 of Registered Agent

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