(((H190003630633)))



H190003630633ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:		
	Division of Corporations Fax Number : (850)617-6383	
	TOX NUMBER 1 (OSO) SEE	
From:	DECEMPED ACTURE THE	
	Account Name : REGISTERED AGENTS INC.	
	Account Number : I20090000081 Phone : (307)200-2803	
<u>,</u>	Fax Number : (855)330-1010	
,		
= **Enter the	email address for this business entity to be used for	fu ×∗
annual	email address for this business entity to be used for report mailings. Enter only one email address please.	fu ×∗
Email	report mailings. Enter only one email address please.	fu **
	report mailings. Enter only one email address please.	
Email	report mailings. Enter only one email address please. [,]	fu**
Email	report mailings. Enter only one email address please Address: LLC REGISTERED AGENT CHANGE	

Electronic Filing Menu

Page Count

Estimated Charge

Corporate Filing Menu

Help

02

\$25.00

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.

Name of the limited liability company: BJ GR	UBBS FAMILY, LLC	
EEO DIOMAD DDIVE	(b) 5 GUILFORD SCHOOLHOUSE ROAD	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		
#33		
VERO BEACH, FL 32963	NEW PALTZ, NY 12561	
04/10/18	L18000090834	
3. Date of filing/registration in Florida	4. Document number	
CT CORPORATION SYSTEM		
5. (a) Registered Agent and Registered Office shown on the record	ds of the Florida Dept. of State:	
1200 S PINE ISLAND ROAD		
Registered Office Address (MUST BE FLORIDA STRE	EET ADDRESS)	
PLANTATION Registered Agents Inc.	stered Office address:	
(b) Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	
7901 4th St N		
NEW Registered Office Address:		
STE 300		
St. Petersburg	, FL 33702	
the change or changes are made, the Florida street addreagent will be identical. Or, in the case of a Florida limit was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of		
Signature of a member or authorized representative of a member		
provisions of all statutes relative to the proper and com- the obligations of my position as registered agent as pro- to merely reflect a change in the registered office addre- notified in writing of this change.	d agree to act in this capacity. I further agree to comply with the pleie performance of my duties, and I am familiar with and accep ovided for in Chapter 605, F.S. Or, if this document is being filed ess, I hereby confirm that the limited liability company has been istant Secretary	
Signature of Registered Agent		