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COVER LETTER

TO: Registration Section Division of Corporations					
BAYFRONT OFFICE, LLC					
SUBJECT: Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter t	o the following:				
VICKI S. RICHARDS					
Name of Person					
BAYFRONT OFFICE, LLC					
Firm/Company	 				
1333 3RD AVE SO, #102					
Address					
NAPLES, FL 34102					
City/State and Zip Code					
VICKI@RICHARDSANDMARTIN.COM					
E-mail address: (to be used for future annual report	notification)				
For further information concerning this matter, please call:					
VICKI S. RICHARDS at (23	9 , 250-8687				
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:					
☑ \$25 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. Nai	me of the limited liability company: BAYFRONT	OFFICE, LLC	
	BAYFRONT OFFICE, LLC	(b) SAME	<u> </u>
2. (a) <u>.</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1333 3RD AVE SO., #102	SAME	
	NAPLES, FL 34102		
	4/11/2018	L18000	091303
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	VICKI S. RICHARDS		
	Registered Agent and Registered Office shown on the records of 1340 CHARLESTON SQUARE DRIVE	the Florida Dept. of Si	tate:
	Registered Office Address (MUST BE FLORIDA STREET #204	ADDRESS)	_
	NAPLES , FI	34110	ן ן נערר? בערר?
(b)	JEFF ROBINSON Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:	FILE APR 30 AM AREJAN DI AHASSEC FL
	1333 3RD AVENUE SOUTH		AH IO
	NEW Registered Office Address:		20.22 Rio.
	#102		— % rū
	NAPLES, FI	34102	_
the char agent w was/we	mited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members cless of organization or the operating agreement of the	f the registered off iability company, i of the limited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee
provision the obli to merc	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide its reflect a change in the registered office address, I in writing of this change. You kegistered Agent	ree to act in this co e performance of m ed for in Chapter 6 hereby confirm the	apacity. I further agree to comply with the ty duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been