## L18000 137213

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## COVER LETTER

_	gistration Section rision of Corporations								
SUBJECT	BAYSIDE DRYWALL OF FLORIDA LLC								
SOLUTE	Name of Limited Liability Company								
Dear Sir or	Madam:								
The enclose	ed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.						
Please retur	n all correspondence concerning	g this matter to th	e following:						
Miguel Care	n								
	Name of Person		<del></del>						
BAYSIDE I	DRYWALL OF FLORIDA LLC								
	Firm/Company		i-t						
444	JAX ESTATES Address SONVILLE FL	DRS							
	Address								
SACK	SONVILLE FL	- 3221	L.						
	City/State and Zip Coo	de	<del>_</del>						
migueloncar	ro@msn.com								
E-mai	l address: (to be used for future	annual report not	ification)						
For further	information concerning this ma	tter, please call:							
Miguel Care	,	786 at (	506 3177						
	Name of Person	u. (	Area Code & Daytime Telephone Number						
Re Div P.C	gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
En	closed is a check for the follow	ing amount:							
<b>=</b> :	\$25 Filing Fee								

INH\$18 (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 ogent, or both, in the State of Florida.

1. N	ame of the limited liability company	BAYSIDE DRYW	ALL OF	FLORIDA L	LC			
			(b)					
<b>2</b> . (2)	Principal office address of limited (Nate: MUST BE STREET) 3403 7TH ST SW	liability company:	_ (0)	Ŋ	ailing addr. (Note: Mr	ess of limit	ST. U.F.F.C.E	отрану: ВО.
	LEHIGH ACRES. FL 33976		_			- 第一章 表示	JAN	<del></del>
	06/01/2018			.180001372	13	00 A 00 A 00 A 74	25 P	
3.	Date of filing/registration	in Florida	4.		Documen	i member	₩ 39	
5. (a	Pegistered Agent and Registered Office st CISNEROS, CESAR	nown on the records of t	he Florida :	Dept. of State		, <del>&gt;</del> ,	111	
	Registered Office Address (MUST BE 3403 7TH ST SW	FLORIDA STREET A	(DDRESS)		202	who executed the	and acknowledged that he this free act and deed.	
	LEHIGH ACRES.	, FL	33976		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		free a	18.0n
(b)	Miguel Caro				Jo ye	nally appeared	as this	oodma Jblic Fortda HFO459
V	Enter name of NEW Registered Agent and/or NEW Registered Office address:  1444 JAX EXTATES DR S  NEW Registered Office Address:				ate of 1/2 muty of 1/2 of 1/2	before me personally at C. C. S. M. C. C. C. S. M.	executed the same SEAL (signed)	Logan Goodmanson Notary Public State of Florida Comm# HH045943
C.(	- ACKSONVILLE	, FL	32	.218	ಹರೆದ		2 8 13	TO VI
chang agent was/s	limited liability company is not orgate or changes are made, the Florida's will be identical. Or, in the case of were authorized by an affirmative vorticles of organization or the operation	anized under the law street address of the a Florida limited lia te of the members o	vs of the tregisteres bility confithe limited li	State of Flo d office and npany, it is ted liability	the busing the company	ness offic onfirmed	ce of the re that the c	egist <del>ere</del> d hange(s)
	nature of a member or authorized representati						e of signee	
noisju	reby accept the appointment as registivities of all statutes relative to the problem of my position as registere erely reflect a change in the registere ed in writing of this change.	111 // 1/1	<del>~</del>				ree to comp miliar with ocument is company	oly with the a and accept being filed has been
Sign	nure of Registered Agen:	orporations P.O. I	LETA	MEC.	Off &			
	Division of Co	FILING F						