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SEC. SEC. SEC. STATE

COVER LETTER

TO:	Amendment Section Division of Corporations	
SURT	ECT: Bazarsky Family LLC	
Name	of Corporation	
DOC	UMENT NUMBER: L18000137819	
The er	nclosed Statement of Change of Registere	d Office/Agent and fee are submitted for filing.
Please	return all correspondence concerning this	s matter to the following:
	Bazarsky	
Name	of Contact Person	
	els Realty	
	Company	
_	quidneck Ave	
Addre	SS	
	etown, RI 02842	
City/S	tate and Zip Code	
	jbazarsky@gmail.com	
E-mai	l address: (to be used for future annua	l report notification)
For fu	rther information concerning this matter,	please cali:
Jason I	Bazarsky	3383961
	Name of Contact Person	at (401) 3383961 Area Code & Daytime Telephone Number
Enclos	sed is a \$35.00 check made payable to the	Department of State.
	Mailing Address: Amendment Section	Street Address:
		Amendment Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32314	Tailahassee, FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this ange is submitted for a corporation organized under the laws of the State of Florida er to change its registered office or registered agent, or both, in the State of Florida.
1. The name of	the corporation: Bazarsky Family LLC
2. The principal	office address: 678 AQUIDNECK AVE, MIDDLETOWN, RI 02842
3. The mailing	address (if different):
4. Date of incor	poration/qualification: Document number: L18000137819
	d street address of the current registered agent and registered office on file with the rtment of State: (If resigned, enter resigned)
	Ellen Rose
	901 PONCE DE LEON BLVD, 10th floor
	CORAL GABLES, FL 33134
6. The name an (if changed):	d street address of the new registered agent (if changed) and /or registered office
	Craig Bazarsky
	401 E Jackson Street, Ste 3300
	P.O. Box NOT acceptable
	Tampa, FL 33602
The street addr	ess of its registered office and the street address of the business office of its registered agent, the identical.
Such change wanthorized by t	as authorized by resolution duly adopted by its board of directors or by an officer so he board, or the corporation has been notified in writing of the change.
Signato	The of an officer or director Printed or types name and title
I hereby accept I further agree of my duties, at document is be corporation ha	the appointment as registered agent and agree to act in this capacity. to comply with the provisions of all statutes relative to the proper and complete performance and I am familiar with and accept the obligation of my position as registered agent. Or, if this ing filed merely to reflect a change in the registered office address, I hereby confirm that the s been notified in writing of this change.
	mature of Registered Agent 6/13/25 Date
	chalf of an entity:
т	yped or Printed Name

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

* * * FILING FEE: \$35.00 * * *