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Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE **BGB SERVICE MANAGEMENT, LLC**

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## (((H20000033576 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY $_{\perp}$

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. No	ame of the limited liability company: BGB SERVIC	E MANAGEM	ENT, LLC
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company (Note: MAYBE POST OFFICE BOX)
	433 SEATTLE SLEW DRIVE		433 SEATTLE SLEW DRIVE
	DAVENPORT, FL 33837		DAVENPORT, FL 33837
	10/10/2018	1	.18000240431
3.	Date of filing/registration in Florida	<sub>4.</sub> _	Document number
5. (a)	Registered Agent and Registered Office shown on the records REGISTERED AGENTS INC.	s of the Florida I	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ET ADDRESS)</u>	59 E 77
	7901 4TH STREET NORTH SUITE 300		
	ST.PETERSBURG	, FL_33702	
(1.)			
(p)	Enter name of NEW Registered Agent and/or NEW Register	ered Office add	2020 JAN 29 AH 10: 19 SECRETATE SEALL AND SEEL FILE TALL AND SEEL FILE TO THE SECRETATE SECRET
	LEGALING CORPORATE SERVICES INC.		<u> </u>
	NEW Registered Office Address		
	5237 SUMMERLIN COMMONS BLVD, SUITE 400	)	
	FORT MYERS	, FL	<del>_</del>
chang agent	limited liability company is not organized under the cor changes are made, the Florida street address of will be identical. Or, in the case of a Florida limite were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	e laws of the Sthe registered liability coners of the limited liability liability coners of the limited liability liability liability.	apany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	William Homlish	· • • • • • • • • • • • • • • • • • • •	Printed or typed name of signee
I her provi	eby accept the appointment as registered agent and sions of all statutes relative to the proper and completions of my position as registered agent as provingations of my position as registered agent as proving reflect a change in the registered office addressed in writing of this change.	agree to act i lete performa vided for in C s, I hereby co.	we the somewhy I forther garge to comply with the
	ture of Registered Agen	•	(((120000000010 0)))
-	Division of Corporations • P.	.O. Box 6327	Tallahassee, FL 32314