

L18000251206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

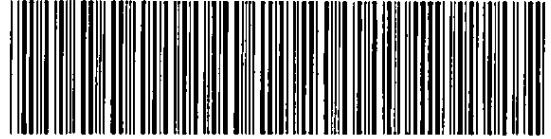
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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TALLAHASSEE, FLORIDA


R. HUNT

02/05/24

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 305698 8426885

AUTHORIZATION : 

COST LIMIT : \$ 25.00

ORDER DATE : February 2, 2024

ORDER TIME : 12:42 PM

ORDER NO. : 305698-004

CUSTOMER NO: 8426885

STATE OF FLORIDA
TALLHASSEE, FL

FEB 02 2024 10:15 AM

CHANGE OF AGENT

NAME: BGITTEL LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX _____ PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland-sorenson -- EXT#

EXAMINER: _____

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. Name of the limited liability company: BGITTEL LLC

2. (a) _____ Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) <u>162 E Inlet Dr</u> <u>Palm Beach, FL 33480</u>	(b) _____ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) <u>162 E Inlet Dr</u> <u>Palm Beach, FL 33480</u>
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3. <u>10/25/2018</u>	4. <u>L18000251206</u>
Date of filing/registration in Florida	Document number

5. (a) _____
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Shulman, David
 Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
162 E Inlet Dr
Palm Beach, FL 33480

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 DIVISION OF STATE
 TALLHASSEE, FL
 10-23-15 AM 10:15

10

(b) _____
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
Corporation Service Company
NEW Registered Office Address:
1201 Hays Street
Tallahassee, FL 32301

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/s/ David Shulman

 Signature of a member or authorized representative of a member

DAVID SHULMAN, MANAGER

 Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Grace E. Kirby

 Signature of Registered Agent **Grace E. Kirby, Asst. Vice President**