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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BASELTINE MANAGEMEN Name of Limited	T GROUP PLUC Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	ne following:
BRIAN TAYLOR BRAZIEL Name of Person	
BASELTNE MANAGEMENT GROUP PLI	L.C.
150 F PALMETTO PARK RD SUTTE # &	800
BOCA RATON, FL 33432 City/State and Zip Code	
BRIANO BASELINEMANAGEMENT. COM E-mail address: (to be used for future annual report not	tification)
For further information concerning this matter, please call:	
BRIAN TAYLOR BRATTEL at (56) Name of Person) 467 - 2811 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Enclosed is a check for the following amount:

₹ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303

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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> (</u> b) 150 E	Mailing addres	TO PARK RU SOITE # S. s of limited liability company: Y BE POST OFFICE BOX
	BOCA RATON, FL 33432	-	BOCA	RATON	FL 33432
	10/30/2018		<u>L180</u>	002550	2-1
3.	Date of filing/registration in Florida	4.		Document r	number
5. (a)	BRIAN TAYLOR BRAZIEL				
, ,	Registered Agent and Registered Office shown on the records of the			nte:	
	1825 NW CORPORATE BLUD				
	Registered Office Address (MUST BE FLORIDA STREET AL	DRESS	2	_	
	BOCA RATON ,FL	<u>3343</u>	31	_	
(b)	BRIAN TAYLOR BRAZIEL				<u> </u>
()	Enter name of NEW Registered Agent and/or NEW Registered O	ffice ad	dress:	_	
	150 E PALMETTO PARK PD			_	ي 2
	NEW Registered Office Address:				9
	SUITE #800	-		<u> </u>	
	BOCA PATON .FL	334	32	<u> </u>	
change agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the restill be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of the organization or the operating agreement of the line	gistere ility co the lim	d office as inpany, it ited liabili	nd the busines is hereby con ty company o	ss office of the registered firmed that the change(s)
<u> </u>		<u>F</u>	PJAN	TAYLOR	BRAZIEL
	ure of a member or authorized representative of a member				ed name of signee
proviși	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address, I her in writing of this change.	rforma	nce of my	duties, and I	am Jamiliar with and accept

Division of Corporations • P.O. Box 6327 • Fallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent