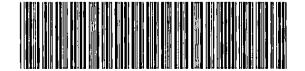
## L19000001561

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	· #)		
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
	,			





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(.S. D22/19

## **COVER LETTER**

TO: Registration Section

Divi	Division of Corporations				
SUBJECT:	Bazemore Holdings, LLC				
	Name of Limited Liability Company				
Dear Sir or I	Madam:				
The enclose	d Registered Agent/Registered Offi	ce Change and fe	ee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the fo	ollowing:		
Stephen E	Sazemore				
		<del></del>	_		
	Name of Person				
Bazemore	Holdings, LLC				
	Firm/Company	<del></del>	-		
4803 Acad	demic Ln				
-	Address		_		
West Melb	oourne, FL 32904				
	City/State and Zip Code		-		
steve@ba	zemoreholdings.com				
E-mail	address: (to be used for future annu	ial report notification	ation)		
'or further i	nformation concerning this matter,	please call:			
tephen B	azemore	980 at (	333-9104		
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number		
Regi Divi Clift 2661	SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle shassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Encl	Enclosed is a check for the following amount:				
<b>2</b> \$2	25 Filing Fee	<b>S</b> 55	Filing Fee & Certified Copy		
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 agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: Bazemore Ho	oldings, LLC	
2. (a)		(b)	
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4803 Academic Ln		
	West Melbourne, FL 32904		
	12/27/2018	L190	000001561
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Stephen Bazemore		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:
	Registered Office Address (MUST BE FLORIDA STREET) 460 Carol Dr NE	ADDRESS)	
	Palm Bay	32907	2019 SEI
(b)	Stephen Bazemore	·	APPRI AN FIL 2019 FEB 19 SEGRETAR FALLAHASS
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	ROVED  ROVED  ROVED  REY OF STATE SEEL FLORES
	NEW Registered Office Address:		
	4803 Academic Ln		
	West Melbourne , FL	32904	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the registered ability compan of the limited li limited liabilit	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
4 Silenar	cure of a member or authorized representative of a member	Siepnen	Bazemore
' herel rovisi ne obli nere	by accept the appointment as registered agent and aground on some one of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, I is writing of this change.	ree to act in thi performance of d for in Chapte hereby confirm	Printed or typed name of signee is capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed a that the limited liability company has been

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

grature of Registered Agent