

L190000 46492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

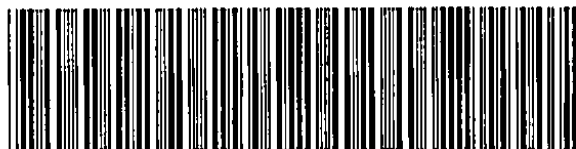
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2019 JUN 24 AM 9:15
SECRETARY OF STATE
FALL ARIZONA

Y SULKER

JUL 03 2019

Jeffrey D. Lemke, CPA, CLAS, MBA, JD
Business & Tax Consultant
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JUNE 21, 2019

**DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FL 32314**

RE: BNT TOUR, LLC: REGISTERED AGENT CHANGE OF ADDRESS DOCUMENTS

Dear Sir or Madam:

Hope this letter finds you in great health and spirits!

Enclosed are the following documents:

1. Cover letter;
2. Statement of Change of Registered Agent Address;
3. Check payable to DIVISION OF CORPORATIONS for \$25.00; and,
4. New address for the LLC members. It is being filed via e-mail, however, I have enclosed a copy of the documents as well.

Please call if we need to do anything further.

Have a wonderful day!

Best regards,



Jeffrey D. Lemke, CPA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BNT TOUR LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JOSE A. BARREIROS

Name of Person

Firm/Company

6526 Old BRICK RD 120-511

Address

WINDERMERE, FL 34786

City/State and Zip Code

BARREIROS@JBARRCAPITAL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JOSE A. BARREIROS

Name of Person

at (954) 683 9018

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**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: BNT TOUR LLC

2. (a) BNT TOUR LLC

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

8254 TIBET BUTLER DR

WINDERMERE, FL 34786

2/15/2019

3. Date of filing/registration in Florida

(b) BNT TOUR LLC

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

8254 TIBET BUTLER DR

WINDERMERE, FL 34786

L19000046492

4. Document number

5. (a) JOSE A. BARREIROS

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8254 TIBET BUTLER DR

WINDERMERE, FL 34786

(b)

Enter name of NEW Registered Agent and/or NEW Registered Office address:

~~6526 Old Brk~~

NEW Registered Office Address:

6526 Old BRICK RD 120-511

WINDERMERE

FL 34786

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.

X [Signature]
Signature of a member or authorized representative of a member

JOSE A. BARREIROS

Printed or typed name of signee

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.

X [Signature]
Signature of Registered Agent

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

FILED
2019 JUN 24 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FL 32314