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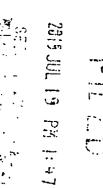
(Requestor's Name)						
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Y SULKER
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COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	Bayshore Feeding & Langua	age Services	s, LLC			
		ne of Limited I	iability Company			
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered Off	ice Change and	I fee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the	following:			
Nanc	y Laskowitz					
	Name of Person		. 			
Bays	hore Feeding & Language Service	s, LLC				
	Firm/Company					
701 5	S. Howard Ave. Suite 106 #310					
	Address					
Tamp	oa FI 33606					
	City/State and Zip Code					
nlask	owitz1@verizon.net					
]	E-mail address: (to be used for future ann	ual report noti	fication)			
For fu	orther information concerning this matter,	please call:				
Nanc	y Turkel	813 at (2939998			
	Name of Person		Area Code & Daytime Telephone Number			
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314				
	Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	- 5	55 Filing Fee & Certified Copy			
INHSI	8 (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	me of the limited liability company: Bayshore Fee	eding	, & L	.anguage	e Services, LLC
2. (r i	701 S. Howard Ave. Suite 106, #310		(b)	701 S. H	loward Ave. Suite 106, #310
(1	,	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)
		Tampa, FL 33606			Tampa, F	FL 33606
		02/07/10	_		1000000	20000
7		03/07/19 Data of Gling/agricultural in Florida	1	_	1900006	Document number
3.		Date of filing/registration in Florida Nancy Laskowitz	4.			Document namoer
5.	(a)	Registered Agent and Registered Office shown on the records of	the Flo	rida I	 Dent_of State	-
		701 S. Howard Ave. Suite 106 #310			sept. of state	•
		Registered Office Address (MUST BE FLORIDA STREET.	ADDR	ESS)		- -
						# (C)
		Tampa Est	336	06		Pale Jul 19 Partier
(b)		, F.L.				5
	b)	Nancy B. Turkel				2
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Offic	e addı	ress:		
		701 S. Howard Ave. Suite 106, #310				
		NEW Registered Office Address:				
						-
		Tampa , FI.	336	06		_
the ager	cha nt v /we	imited liability company is not organized under the laringe or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liber authorized by an affirmative vote of the members of the organization or the operating agreement of the	the rability of the	egist y cor limi	ered office npany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
-ki	2/2 g/a	ture of a member or authorized representative of a member	<u>1</u>	Nand	cy B. Turl	Printed or typed name of signee
prov the to n	visi obl ierj	by accept the appointment as registered agent and aginous of all statutes relative to the proper and complete ligations of my position as registered agent as provide ally reflect a change in the registered office address, I in writing of this change.	perfo d för	in Ci	nce of my c hapter 605	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed
Sign	1014	incy B. Jules re of Registered Agent				

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