## L19000071884

(Requestor's Name)				
	(Address)			
	(Address)			
	(City/State/Zip/Phone #)			
PICK-U	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer.				
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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 120000000088

Date:	01/04/2022					
Name:	Merritt Walker					
Reference #	1554734					
		BBC LOT 16, LLC				
_	es of Incorporation/Authoriza					
Ame	ndment					
✓ Change of Agent						
Reinstatement						
Conv	Conversion					
☐ Merg	er					
☐ Dissolution/Withdrawal						
☐ Fictitious Name						
☐ Othe	ι					
Authorized A	Amount: <b>\$25</b>					
Signature: _	ur	$\mathcal{U}_{\underline{\underline{}}}$				

## 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.

Nan (a) _	, , , =	(b)	
\"\ <u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	No Change		No Change
<u>N</u>	March 20, 2019		L19000071884
	Date of filing/registration in Florida	4.	Document number
(a) _	Corporation Service Company		
	Registered Agent and Registered Office shown on the records	of the Florida Dep	pt. of State:
	1201 Hays Street		
Ī	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
-	Tallahassee, 1	32301-25	
(b) (	COGENCY GLOBAL INC.		The second secon
_	Inter name of NEW Registered Agent and/or NEW Register	ed Office addres	
_	115 North Calhoun St., Suite 4		THI-I M 9: 33
2	NEW Registered Office Address:		ETE 33
-	Tallahassee	<sub>L_</sub> 32301	
he lin chang ent wi s/werd	nited liability company is not organized under the l ge or changes are made, the Florida street address Il be identical. Or, in the case of a Florida limited e authorized by an affirmative vote of the members les of organization or the operating agreement of th	aws of the Sta of the register liability comp of the limited	ed office and the business office of the registered rany, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	ey Mark Drazan	Jeffre	ey Mark Drazan
signatui	mature of a member or authorized representative of a member		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 Jamiliar 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.

/s/Tim Mayville

Signature of Registered Agent