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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
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Special Instructions to Filing Officer:						
J. HORNE						
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SECRETARY OF STATE
AND AMASSEE, FLORED

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: I2000000	195	
	REFERENCE	: 632927	8378086	
	AUTHORIZATION	Smell &	ena	
	COST LIMIT	: \$25400		
ORDER DATE :	April 21, 2022			
ORDER TIME :	1:11 PM			
ORDER NO. :	632927-010			
CUSTOMER NO:	8378086			
	CHANGE OF A	 G <u>ent</u>		
NAME :	BJM CAPITAL R	E LLC		
	THE FOLLOWING AS	PROOF OF FIL	ING:	
	FIED COPY STAMPED COPY			

EXAMINER:

CONTACT PERSON: Alexxis Weiland -- EXT#

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. N	ame of the limited liability company: BJM CAPITAL	RE LLC					
2. (a)		(h)				
(**)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 203 BAHIA POINT		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 203 BAHIA POINT				
	NAPLES, FL 34103	_		IAPLES, FL 3410	3		
	04/15/2019		L1	9000096934			
3.	Date of filing/registration in Florida	4.		Docume	nt number		
5. (a							
J. (u	Registered Agent and Registered Office shown on the records of CLASP INC.	the Florid	la De	pt. of State;			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u></u>				
	3001 TAMIAMI TRAIL N STE 400 NAPLES . FL 34103				2022 SEC TALL		
					FILE AM 22 APR 21 AM ECRETARY OF LAHASSEE, F		
(b)					21 ARY I		
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office at	ddre	<u>ss</u> :	CT (O TOTAL		
	Corporation Service Company				EQUIE 8: 24		
	NEW Registered Office Address:			 			
	1201 Hays Street						
	Tallahassee	323 0 1					
chang agent was/w	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members cicles of organization or the operating agreement of the	e register ability co of the lin	ed c omp nite	office and the bus any, it is hereby of I liability compar	iness office of the registered confirmed that the change(s)		
	ian Miller	Bria	an N	filler			
_	ature of a member or authorized representative of a member				r typed name of signee		
provis the ob to mer notifie	thy accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change.	ree to act perform ed for in C hereby co	t in vance Chaj onfi	this capacity. I fi e of my duties, an pter 605, F.S. Or rm that the limite	arther agree to comply with the ad I am familiar with and accept r, if this document is being filed d liability company has been		
	unce C. Kuby ure of Registered Agent						
J							