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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338

Fax Number : (614)573-3996

\*\*Enter the email address for this business entity to be used for future I'annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE **BCC ENGINEERING, LLC**

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K. SALY

## 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.

I. Na	me of the limited liability company: BCC ENGINEER	RING, LLC
2. (a)	6401 SW 87 AVE	(b) 6401 SW 87 AVE
(··)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	STE 200	STE 200
	MIAMI, FL 33173	MIAMI, FL 33173
	05/08/2019	L19000118381
3.	Date of filing/registration in Florida	4. Document number
5. (a)	JOSE A MUNOZ	
	Registered Agent and Registered Office shown on the records of t	f the Florida Dept. of State:
	6401 SW 87TH AVE	
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)
	STE 200	
	MIAMI EL	L <sup>33173</sup>
		d Office address:
(b)	C T Corporation System	× × × × × × × × × × × × × × × × × × ×
, .	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:
		d Office address:
	NEW Registered Office Address;	
	1200 South Pine Island Road	···
	Plantation , FL	L_33324
ادیایی ا		iws of the State of Florida, it is hereby confirmed that after
the cha	inge or changes are made, the Florida street address of	of the registered office and the business office of the registere
agent v	will be identical. Or, in the case of a Florida limited lia	iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in
	cles of organization or the operating agreement of the	
	J mp	Jose A. Munuz  Printed or typed name of signee
Signa	ture of a member or authorized representative of a member	Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.  C T Corporation System	gree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and acceed for in Chapter 605, F.S. Or, if this document is being file hereby confirm that the limited liability company has been
By:	re of Registered Agent	N L. EMERICK, ASSISTANT SECRETARY