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Office Use Only



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JUL 1 6 2020

SCYNTTARY OF STATE

LINE OF CORPORATION

SEP 1 : 2020 D CUSHING

COVER LETTER

Division of Corporations	
SUBJECT: BG III Investments LLC	
	e of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Hugh Braxton Green, III	
Name of Person	,
BG III Investments LLC	
Firm/Company	
P O Box 952733	
Address	
Lake Mary, FL 32795	
City/State and Zip Code	
Braxton@baybrookrealtyllc.com	
E-mail address: (to be used for future annu	ual report notification)
For further information concerning this matter, p	please call:
Braxton Green	321 229-7587 at ()
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street. Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	amount:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (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.

Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) P O Box 952733 Lake Mary, FL 32795 L19000165948 4. Document number ds of the Florida Dept. of State: EET ADDRESS FL 32801 FL 32801 tered Office address:
(Note: MAY BE POST OFFICE BOX) P O Box 952733 Lake Mary, FL 32795 L19000165948 4. Document number ds of the Florida Dept. of State: EET ADDRESS
Lake Mary, FL 32795 L19000165948 4. Document number ds of the Florida Dept. of State: EET ADDRESS) FL 32801 Change the on State Agent Agent Change the State on State Agent Agent Change the State on State Agent Agent Change the State on State Agent Change the State on State Agent Agent This was a state on State Agent Change the State on State Agent Agent This was a state on State Agent Agent This was a state on State Agent Agent This was a state on State Agent This was a state of State Agent This was
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e laws of the State of Florida, it is hereby confirmed that after the fifthe registered office and the business office of the registered
ed liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in
the limited liability company.
Hugh Braxton Green, III
Printed or typed name of signee
Printed or typed name of signee I garge to act in this capacity. I further garge to comply with the
Printed or typed name of signee I agree to act in this capacity. I further agree to comply with the defe performance of my duties, and I am familiar with and accept vided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been
Printed or typed name of signee I garge to act in this capacity. I further garge to comply with the
- Lag