## L19000 196856

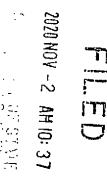
(Requestor's Name)										
(Address)										
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PICK-UP WAIT MAIL										
(Business Entity Name)										
(Document Number)										
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Special Instructions to Filing Officer:										
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## **COVER LETTER**

Registration Section

TO:

Divis	ion of Corporations										
SUBJECT:	Bolzam Holdings, LLC  Name of Limited Liability Company										
SUBJECT:											
Dear Sir or M	adam:										
The enclosed	Registered Agent/Registered Off	ice Chan	ge and f	fee(s) are submitted for filing.							
Please return	all correspondence concerning th	is matter	to the f	ollowing:							
Piotr Mariusz 1	Machnikowski										
· · ·	Name of Person			_							
Bolzam Holdir	ngs, LLC										
•	Firm/Company			_							
15420 Barebac	k Drive										
	Address			<del></del>							
Jacksonville, F	FL 32234										
	City/State and Zip Code			_							
pmachnikowsk	ci@yahoo.com										
E-mail a	address: (to be used for future ann	ual repo	rt notifi	cation)							
For further in	formation concerning this matter,	, please c	all:								
Piotr Machniko	owski	at (	208	809-9899							
•	Name of Person	ar (		Area Code & Daytime Telephone Number							
Regis Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Encle	osed is a check for the following	; amoun	t:								
□ \$2	5 Filing Fee		<b>□ \$</b> 5	5 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.

. Na	me of the limited liability company:	Bolzam Hldings,	LLC					
. (a)	15420 Bareback Drive, Jacksonville, FL	32234	(b	15420 Ba	reback Drive,	Jacksonv	ille, FL	32234
. (α)	Principal office address of limited lia (Note: MUST BE STREET A.	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)						
	August 1, 2019		_	L1900019	6856			
	Date of filing/registration in	Florida	4.	-	Document	number		
(a)	Northwest Registered Agent, LLC							
. (4)	Registered Agent and Registered Office show 7901 4th Street North, Stc 300	vn on the records of th	he Florida	Dept. of Sta	te:			
		LORIDA STREET A	DDRESS	7	_			
(b) .	St. Peteresburg	, FL_	33702		_	- 4 55 - 4 55 - 4 55	2020 NOV	(mg-g
	Emil Clayton Lyons					- , -	)V -2	E Ñ
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					jakrii. Color Advir		F Magain
	106 West Blvd., North			_		AM 10: 37	E D	
	NEW Registered Office Address:					ri Fi	37	
	Macclenny	EI	32063		_			
the li	imited liability company is not organi	zed under the law	s of the	State of Fl	– lorida, it is h	ereby con	nfirmed	that after th
gent v	or changes are made, the Florida strevill be identical. Or, in the case of a Fere authorized by an affirmative vote coles of organization or the operating a	lorida limited liab of the members of	bility co: Tthe lim	mpany, it i ited liabili	is hereby cor ty company (	ifirmed th	hat the c	hange(s)
(	Monika Marcza	<del></del>	Mo	nika Marcz	zewska - Men	nber		
-	ture of a member or authorized representative				Printed or ty	•	•	
herel rovisi ne obli nere otifica	by accept the appointment as registery ons of all statutes relative to the proping at the proping as registered of the r	ed agent and agre er and complete p agent as provided office address, I he	re to act performa for in C ereby co	in this cap ince of my hapter 60, nfirm that	pacity. I furti duties, and i 5, F.S. Or, i the limited l	her agree I am Jami I this doc liability c	to com liar with ument is ompany	ply with the hand accep being filed has been
ignatu	re of Registered Agent	<del></del>						