To: 18506176383 From: 12147128131 Date: 07/19/22 Time: 2:09 PM Page: 01/02

7/19/22 7 07 AM Division of Corporations

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> > (((H22000244272 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALINC CORPORATE SERVICES INC.

Account Number : I20180000011 Phone : (844)386-0178 Fax Number : (214)317-4754

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## LLC REGISTERED AGENT CHANGE BOWMAN REALTY CONSULTANTS LLC

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7707 6 1 7055 T. LEMIEUX TC: 18506176383 From: 12147128131 Date: 07/19/22 Time: 2:09 PM Page: 02/02

(((H22000244272 3)))

## 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.	Na	me of the limited liability company:  BOWMAN REAL	LTY CO	NSULTANTS	S LLC		
2.	(a)		(	b)		_	
		Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		N	Mailing address of limited ha	bility con FFICE B	npany (O.V.)
		4450 W Ean Gallie Boulevard, Suite 144					
		Melbourne, FL, US, 32934	_				
		10-21-2019		L190002636	643		
3.		Date of filing/registration in Florida	4.		Document number		<del></del>
ς.	(a)	Corporation Service Company					
٥.	(a)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept of State	- :		
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		-			
		1201 Hays Street					
		Tallahassee , FL	32301		_		
( <b>t</b>					<b>%</b> 2.	~3	
	(b)				- ES	1022 N.L.	
		Enter name of NEW Registered Agent and/or NEW Registered	Office as	<u>dgress</u>	ું હીં -	III	
		LEGALING CORPORATE SERVICES INC.				_19 _19	
		NEW Registered Office Address					
		5237 SUMMERLIN COMMONS BLVD. SUITE 400					
		FORT MYERS FL	33907		NO.	9: 14	
cha age was	nge nt w s/we	mited liability company is not organized under the law or changes are made, the Florida street address of the rill be identical. Or, in the case of a Florida limited liar authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the register ability co of the lin limited	ed office and ompany, it is nited liability	I the business office of a hereby confirmed that we company or as otherwipany.	the regis the char	stered ige(s)
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of sig	ince	
pro the to n not	obl obl nere ified	on accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address. I have a change of this change.  The of Registered Agent	ee to ac perform I for in ( hereby c	t in this capa ance of my a Chapter 605, onfirm that t	acity. I further agree to luties, and I am familian , F.S. Or, if this docum the limited liability comp	comply with an ent is be pany ha	with the nd accept ring filed s been