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## **COVER LETTER**

TO: Registration Section Division of Corporations									
BBFS Investments, LLC SUBJECT:									
Name of Limited Liability Company									
Dear Sir or Madam:									
The enclosed Registered Agent/Registered Offi	ice Change and fee(s) are submitted for filing.								
Please return all correspondence concerning this	is matter to the following:								
Frank Kover									
Name of Person									
BBFS Investments, LLC									
Firm/Company									
1218 SW 4th Ct									
Address	<del></del>								
Cape Coral, FL 33991									
City/State and Zip Code									
fkover@aol.com									
E-mail address: (to be used for future ann	ual report notification)								
For further information concerning this matter,	please call:								
Frank Kover	610 739-8750 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	amount:								
■ \$25 Filing Fee	□ \$55 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.

ı. Na	ame of the limited liability company:	s, LLC	2					
2. (a)	1218 SW 4th Ct.		(b)	1218 SW	/ 4th Ct.			-
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address (Note: MA)	s of limited lia BE POST OF	-	• •
	Cape Coral, FL 33991			Cape Cor	ral, FL 33991	<del></del>		<del></del>
	November 15, 2019	_	l 	.1900028	5403			
3.	Date of filing/registration in Florida	4.	_		Document r	number	-	
5. (a)	Spencer Ault							
J. (u)	Registered Agent and Registered Office shown on the records of	the Flo	orida	Dept. of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1222 SW 4th Ct.				<del></del>	TALLA	2023 AUG	$\neg \Pi$
	Cana Caral	3399	1		<del></del>	AHASSEE, FLORIDA	JG -7	
	, FL	<b></b>			_	13.33 0.33	PM	$\prod$
(b)	Frank Kover					1 S	Ω1 ⊒ <b>X</b>	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	e add	ress:	_		5: 00	
						A		
	NEW Registered Office Address:				<u> </u>			
	1218 SW 4th Ct.	,						
	Cape Corał FI	3399	ı					
		·			<del></del>			
change agent v was/w	imited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liaere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regis ability of the	teree y cor limi	d office a npany, it ted liabil	ind the busines is hereby con ity company o	ss office of t firmed that	the regi	istered inge(s)
<	Trank Kaver	F	Frank	Kover				
~	ture of a member or authorized representative of a member					oed name of sig	-	
I here provisi the obi to mer notifie	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 by reflect a change in the registered office address, I do not writing of this change.	ee to perfo d for t hereb	act i erma in Ci y coi	in this ca nce of my hapter 60 nfirm tha	pacity. I furth y duties, and I 95, F.S. Or, if t the limited li	her agree to am familian this docum iability comp	comply with a ent is b pany ha	y with the and accept peing filed as been
Signati	Trank Kover							