

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000237699 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (614)280-3338 : (614)573-3996 Fax Number

**Enter the email address for this business entity to be used for future $\widetilde{}$ annual report mailings. Enter only one email address please. **

Email	Address:	_

LLC REGISTERED AGENT CHANGE BST HOLDCO, LLC

Certificate of Status	()
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu

Corporate Fiting Menu

Help

K. SALY JUL 15 2024

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. N	lame of the limited liability company:), LLC			
2. (a)	6333 N FEDERAL HWY		(b) 6333 N FEDERAL HWY		
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	#300		#300		
	FT. LAUDERDALE, FL 33308		FT. LAU	JDERDALE, FL 33308	
	01/06/2020		L2000000	03763	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	CORPORATION SERVICE COMPANY				
J. (u)	Registered Agent and Registered Office shown on the records 1201 HAYS ST	of the Flor	ida Dept of St	rate:	
	Registered Office Address (MUST BE FLURIDA STREE	TADDRE	(22)		
	TALLAHASSEE	FL 32301		TI TI	
(b)	C T Corporation System			SA N	
	Enter name of NEW Registered Agent and/or NEW Register		address:	TALLAHA SSETATIONAN	
	NEW Registered Office Address:			<u> </u>	
	1200 South Pine Island Road			_	
	Plantation, I	FL			
the chargent was/w the art	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the unit of the member or authorized representative of a member	of the re liability s of the I he limite R	gistered offi company, it imited liabil d liability co obert Diamon	ice and the business office of the registered is hereby confirmed that the change(s) lity company or as otherwise provided in ompany. Id Printed or typed name of signee	
notifie By: _{SEA}	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as providely reflect a change in the registered office address, d in writing of this change. CT Corporation System NIL EMERICK ASSISTANT SECRETARY	gree to d le perfoi ded for i. I hereby	nct in this ca emance of m n Chapter fil econfirm tha	pacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	