

L20 0000 29634

(Requestor's Name)						
(Addison)						
(Address)						
(Address)						
,						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
,						
(Document Number)						
Continue Con						
Certified Copies Certificates of Status						
200						
Special Instructions to Filing Officer:						
t						

Office Use Only



400435261164

08/27/24--01009--003 **250.00

COVER LETTER

TO:	Registration Section Division of Corporation	S						
SUBJE		T: Name of Limited Liability Company						
Dear Si	r or Madam:							
The end	closed Registered Agent/	Registered Office Cha	nge and	fee(s) are submitted for filing.				
Please	return all correspondence	concerning this matte	r to the	following:				
Michae	l Branco							
	Name o	f Person		_				
	Firm/Co	ompany						
9484 B	oggy Creek Road							
	Addre	SS		_				
Orlando	o, FL 32824							
	City/State a	nd Zip Code	•					
mbbcor	porations@gmail.com							
E	-mail address: (to be used	for future annual repo	rt notifi	cation)				
For furt	her information concerni	ng this matter, please of	all:					
Michae	Branco	at (_		407-467-9800				
	Name of Person			Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporation 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 amoun	t:					
	■ \$25 Filing Fee		□ \$5	55 Filing Fee & Certified Copy				

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: B1 PROPERTY F	IOLD	ING	LLC			
2. (a)	• • •			9484 Bogs	oggy Creek Road		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(-)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	ORLANDO, FL 32824			ORLAND	O, FL 32824		
	01/22/2020		,	200000204			
1	01/23/2020		- 1	.200000296			
3. 5. (a)	Date of filing/registration in Florida Losey PLLC	4.			Document number		
<i></i> (u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	1420 Edgewater Drive				_		
	Registered Office Address (MUST BE FLORIDA STREET A						
(b)	Orlando , FL	3280	32804				
	Michael Branco	-					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	-					
	9484 Boggy Creek Road						
	NEW Registered Office Address:						
					-		
	Orlando, FL	3282	‡		_		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the zill be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regist bility of the limite	con limi d lia	l office and apany, it is sed liability	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in		
Signat	ure of a member or authorized representative of a member		11011	el Blanco	Printed or typed name of signee		
I herel provision the obli to mere motified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to (perfor l for i pereby	act i mai n Cl coi	n this capa ice of my a iapter 605, ifirm that t	icity. I further agree to comply with the		