L200000 96406

(Re	questor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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COVER LETTER

Division of Corporations	
SUBJECT: The Buzz Concet, Name of Limited Liab	LLC bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Tiffany (herry) Name of Person	_
The Buzz Connect, LLC Firm/Company	_
2350 NO(th University Drive	<u>?</u> #848726
Pempoke Pines, Fl. 3308. City/State and Zip Code	4
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Name of Person at 954	347-0874 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

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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. Name of the limited liability company: The Buzz Connect LLC	
2. (a) 18117 BISCUME BIVD #1072 (b) POBOX 848726	
Principal office address of limited liability company: Mailing address of limited liability of (Note: MAY BE STREET ADDRESS) (Note: MAY BE POST OFFICE)	
AVENTURA, FL 33160 Pembioke Pines, FL	_
330	784
4/3/2020 1,200(1)096406	
3. Date of filing/registration in Florida 4. Document number	
5. (a) II HOUL Cherry	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
LOBIL SIMMS Street	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
- <u> </u>	
HOLLING FL 33094 5	
Ti CCO I Alaccia I	
(b) TCI CY Enter name of NEW Registered Agent and/or NEW Registered Office address:	
28	
18117 BISCAINE BIVD # 1072	
NEW Registered Office Address:	
Alkohua	
HVG/174/A , FL 33/60	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed the change or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the character authorized by an affirmative vote of the members of the limited liability company or as otherwise protections of organization or the operating agreement of the limited liability company.	gistered ange(s)
Signature of a member of authorized representative of a member Printed or typed name of signee	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comp provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is to merely reflect a change in the registered office address, I hereby confirm that the limited liability company in notified in writing of this change.	ly with the and accept being filed as been
Signature of Registered Agent	
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	

FILING FEE: \$25.00