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February 4, 2021

SAM GLASSMAN 8648 COVEVIEW CT MASON, OH 45040

SUBJECT: BC SOAP ORLANDO LLC

Ref. Number: L20000314593

We have received your document for BC SOAP ORLANDO LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA CORPORATION, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 021A00002593

Octavia L Simmons
Regulatory Specialist II Supervisor

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations						
BC Soap Orlando LLC SUBJECT: _						
Wame of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	tter to the following:					
Danielle Hamilton						
Name of Person						
BC Soap Orlando LLC						
Firm/Company	_					
8648 Coveview Ct						
Address						
Mason, OH 45040						
City/State and Zip Code						
suzanne@besoapmakery.com						
E-mail address: (to be used for future annual re	eport notification)					
For further information concerning this matter, pleas	se call:					
Danielle Hamiltonat	518 8679294					
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 amo	unt:					
₩\$25 Filing Fee	☐ \$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	ame of the limited liability company: BC Soap Orlando	LLC		
2. (a)	Sampson Glassman	(<u>}</u>	Sampson (Glassman
-, (u,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	8648 Coveview Ct		4503 Marb	ourg Ave
	Mason, OH 45040		Cincinnati	, OH 45209
	October 5, 2020		L200003145	593
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	BC Soap Orlando LLC			
(u)	Registered Agent and Registered Office shown on the records of	he Florida	Dept. of State	– e:
	Sampson Glassman			3
	Registered Office Address (MUST BE FLORIDA STREET)	DDRESS	<u> </u>	
	12034 Corozo Ct			The state of the s
	Palm Beach Gardens, FL	33418		
(b)	BC Soap Orlando LLC			2002 HAR -1 PH 3: 24
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	dress:	2
	Sampson Glassman			
	NEW Registered Office Address:			-
	101 Seagulf Lane			-
	Sarasota, FL	34236		_
change agent was/we the arti Signal I herel provision the obta to mere	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia tree authorized by an affirmative vote of the members of one of organization or the operating agreement of the first of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete in the registered agent as provided by reflect a change in the registered office address. In this writing of this change.	registere bility co f the lim limited l	ed office and mpany, it is ited liability iability com pson Glassm in this cape	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany. Printed or typed name of signce are incire. I further agree to comply with the

Division of Corporations • P.O. Box 6327 • Tallahassee, Fl. 32314 FILING FEE: \$25.00