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(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer.	

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FILED

Office Use Only

COVER LETTER

Registration Section TO: **Division of Corporations**

SUBJECT: Basil Capital LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Basil Capital LLC

Firm/Company

1401 LAVACA ST PMB 40546

Address

Austin, TX 78701

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

	Basil	Capital	Manager
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Name of Person

_{at (}813 ____) 355-9917 Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

□ \$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.

1401 LAVACA ST PMB 40546, Austin, TX 7	8701	(b)	
Principal office address of limited liability con (<u>Note: MUST BE STREET ADDRES</u>			Mailing address of limited liability company (<u>Note: MAY BE POST OFFICE BOX</u>)
10/7/2020			00318190
Date of filing/registration in Florida	a 4.		Document number
)			
Registered Agent and Registered Office shown on the	records of the Flor	ida Dept. of 1	State:
CORPORATION SERVICE CC	MPANY		
Registered Office Address (MUST BE FLORIDA	STREET ADDRE	<u>'SS)</u>	TAL
1201 HAYS STREET			
· · · · · · · · · · · · · · · · · · ·			
TALLAHASSEE	323	01	AY -8
TALLAHASSEE Registered Agents Inc	FL_323	01	TALLAHASSEE.FL
Pogistored Agents Inc			
Registered Agents Inc			AY -8 PM 1:59
Registered Agents Inc			
Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u> 7901 4th St N			

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Bisil Capital agent Trust. 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 comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change. LORITS

David Roberts - Assistant Secretary

Signature of Registered Agent

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