L20 000 357 598

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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4025				

Office Use Only



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10/14/22--01010--008 **25.00

2023 JAH 26 AH 12: 0 SECRETARY CENTRY

COVER LETTER

TO: Amendment Section Division of Corporations		
SUBJECT: Bases Loaded Consulting Group, LLC Name of Corporation		
DOCUMENT NUMBER: L20000357598		
The enclosed Statement of Change of Registered Office	ce/Agent and fee are submitted for filing.	
Please return all correspondence concerning this matte	er to the following:	
Deborah Jayne		
Name of Contact Person		
Bases Loaded Consulting Group, LLC	2023 JAH 26 SECALLAHAS	
Firm/Company		••
626 Timbercrest Drive	£ 7	-
Address		
Leesburg, FL 34748	新	1
City/State and Zip Code	<u> </u>	_
deb@basesloaded.biz	AMIZ: 00	
E-mail address: (to be used for future annual repor		
, , , , , , , , , , , , , , , , , , ,	·	
For further information concerning this matter, please	call:	
Deborah Jayne	at (352) 818-4800 Area Code & Daytime Telephone Number	
Name of Contact Person	Area Code & Daytime Telephone Number	
Enclosed is a \$35.00 check made payable to the Depar	rtment of State.	

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Street Address:

CR2E045 (04/13)



January 8, 2023

DEBORAH JAYNE 626 TIMBERCREST DRIVE LEESBURG, FL 34748

SUBJECT: BASES LOADED CONSULTING GROUP, LLC

Ref. Number: L20000357598

We have received your document for BASES LOADED CONSULTING GROUP, 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 CORPORATIONS, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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

Michael A Hall OPS Clerk

Letter Number: 123A00000506

0K #5010 10/12/22

JAN 26 7073



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bases Loaded Name of Lin	Consulting Droup, LLC
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Deborah Jayne	2
Buses Loaded Cens	ulting Droup:
626 Timber Crest	Dr.
Leesburg, Fl 347 City/State and Zip Code	48 JAN 26 H
Debo Rases Loaded. b. E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please c	all:
Deborch Jayre at (3) Name of Person	352) 818 - 4800 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

☐ \$25 Filing Fee 4

Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

Tallahassee, FL 32303 . . .

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.

Name of the limited liability (company: Buses	Loaded	Consulting Gro	uρ
2. (a) 600 Marke Principal office address	+ S+ of limited liability company:	- \'/ 	inhercrest Dr. ng address of limited liability company:	<i>r</i> .
(Note: MUST BE	ESTREET ADDRESS)	· (005h	ne: MAY BE POST OFFICE BOX)	
				
11/12/20		L2000	0357598	
3. Date of filing/reg	istration in Florida	4. Doc	eument number'	
5. (a) Registered Agent and Registered	d Office shown or the records of the	L h C e Florida Dept. of State:	· ·	
7901 1913	St. N. Swite	300		
Registered Office Address <u>(</u>	MUST BE FLORIDA STREET AL	<u>ODRESS)</u>		
ST. Peters	Sburg, FL	33702	2023 SECTION	
(b) Deboráh	Jayne		TILL MARKET	
Enter name of NEW Registered	d Agent and/or NEW Registered C	Office address:	SST. A IT	
1000 Mar				
NEW Registered Office Addre	FL 34	748	3	
,)			•	
(<u>k</u> 1	, FL_			
change or changes are made, the I agent will be identical. Or, in the	florida street address of the re- case of a Florida limited liab	egistered office and the ility company, it is her	eby confirmed that the change(s)	1e
was/were uniforized by an affirm the articles of organization or the			mpany or as otherwise provided in y.	
Signature of a height or authorized re	and a supplier	Deborah	Lee Jayro Owne	iL
I hereby accept the appointment	as registered agent and agree	to act in this capacity	. I further agree to comply with the	e
provisions of all statutes relative to the obligations of my position as to no merely reflect a change in the to notified in writing of this change.	'o the proper and complete pe registered agent as provided ; registered office address, I ho	erformance of my dutic for in Chapter 605, F.S reby confirm that the l	es, and I am Jamiliar with and accepts. Or, if this document is being filed imited liability company has been	91 d
1 anu				
Signature of Resistered Agent				