Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (855)330-1010 Fax Number

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address pleasess** Email Address:

LLC REGISTERED AGENT CHANGE **BORPA GROUP LLC**

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Corporate Filing Menu

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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.

Florid			3110				
1. Na	ame of the limited liability company: BORF	PA GROU	LLC				
2. (a)	9265 CHAMBERS STREET	(b) 9	(b) 9265 CHAMBERS STREET				
(u) .	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)			y:	
	TAMARAC, FL 33321		AMARAC, FL 3332	21			
	03/31/21	L2	1000149520				
3.	Date of filing/registration in Florida	4.	Document nu	mber			
5. (a)	EDUARDO BORJA						
J. (11)	Registered Agent and Registered Office shown on the reco	ords of the Florida Dep	or, of State:				
	9265 CHAMBERS STREET	_		112			
	Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)	-	圣台	202		
				<u> </u>	<u></u>		
	TAMARAC	, FL 33321		TAS.	2021 JUN -9	<u>-11</u>	
		, 1 12		SEE C		FILED	
(b)	Registered Agents Inc.		<u> </u>	£ 7	A	U	
	Enter name of NEW Registered Agent and/or NEW Reg	gistered Office addres	<u>z</u> ;	2	9: 03		
	7901 4th St N			Де.	ω		
	NEW Registered Office Address:						
	STE 300						
	St. Petersburg	FL_33702					
the chagent was/v the ar Sign I her provi	limited liability company is not organized under tange or changes are made, the Florida street add will be identical. Or, in the case of a Florida lin were authorized by an affirmative vote of the menticles of organization or the operating agreement autre of a member or authorized representative of a member obligations of all statutes relative to the proper and cobligations of my position as registered agent as prefer reflect a change in the registered office addred in writing of this change.	ress of the register anted liability computers of the limite of the limited liability and agree to act in omplete performance are in Charles and for in Charles	pany, it is hereby confid liability company or oility company. Park Printed or type this capacity. I further confined by FS Or if it	irmed that the as otherwise part of the as of	change orovide aply w th and is bein	ith the accept	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent