

L21 000 159 998

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

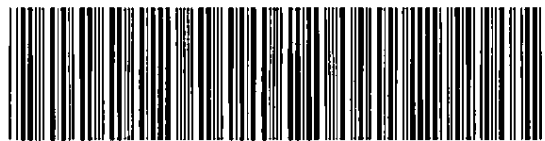
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400430460324

05/28/24 -01001- 011 11:21:00

FILED
2024 MAY 28 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BC FL LOAN I, 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:

J. MICHAEL COLEMAN, ESQ

Name of Person

COLEMAN, TAYLOR, KLAUS, DOUPE, DIAZ & TORREZ PA

Firm/Company

4099 TAMiami TRAIL N, SUITE 201

Address

NAPLES, FL 34103

City/State and Zip Code

MCOLEMAN@CHTLEGAL.COM

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

FILED
2022 MAY 28 PM 11:43
SECRETARY OF STATE
TALLAHASSEE, FL

For further information concerning this matter, please call:

ANGELA VASQUEZ at 239 298-5200
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 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.

1. Name of the limited liability company: BC FL LOAN I, LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

1445 BUTTERFIELD COURT

1445 BUTTERFIELD COURT

MARCO ISLAND, FL 34145

MARCO ISLAND, FL 34145

04/14/2021

L21000159998

3. Date of filing/registration in Florida 4. Document number

5. (a) ROBERT A. COOPER

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

2400 FIRST STREET #300

FORT MYERS, FL 33901

(b) J. MICHAEL COLEMAN, ESQ

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

COLEMAN, TAYLOR, KLAUS, DOUPE, DIAZ & TORREZ, PA

NEW Registered Office Address:

4099 TAMiami TRAIL N, SUITE 201

NAPLES, FL 34103

2021 MAY 28 PM 11:43
FILING
SECRETARY OF STATE
TALLAHASSEE, FL

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

John Corle
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 familiar 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.

Signature of Registered Agent