6/15/22, 1:58 PM

Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000208480 3)))



H220002084803ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:___

چ ŝ

LLC REGISTERED AGENT CHANGE BTG S.A. HOLDINGS LLC.

17. G 5. 11.							
Certificate of Status	0						
Certified Copy	0						
Page Count	02						
Estimated Charge	\$25.00						

Electronic Filing Menu Corporate Filing Menu

Help

UN 16 2022

To:

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.

i.	Na	me of the limited liability company: BTG S.A. HOLDI	NGS LLC		·····			
2. ((a) .	1970 NW 129th Avenue Stc107 Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)_	Mr	970 NW 129th Avenue Stc107 Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)			
		MIAMI, FL 33182		МІАМІ,	FI. 33182			
		04/21/2021	L:	2100017274	0	TLP1 1-1	······	
3.		Date of filing/registration in Florida	4.	r	Document number			
5	(a)	UNITED CORPORATE SERVICES, INC.						
		Registered Agent and Registered Office shown on the records of the Registered Office Address [MUST BE FLORIDA STREET AND ASSESSION OF THE PROPERTY OF THE PRO		lept of State:				
		TALLAHASSEE, FL	32312			~	2	
	(b)	C T Corporation System				- -	022 JI	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			Ē	Ē:	. Si NNF 2202	APPROV FILED
		NEW Registered Office Address:				•	AM 10:	/بـٰـٰـٰر)
		1200 South Pine Island Road				• • • •): 35	
		Plantation , FL	33324					
the age wa the	cha ent v s/we arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like the authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law of a member or authorized representative of a member	the registe ability con of the limit limited lis	ered office npany, it is ed liability	and the business of hereby confirmed company or as of pany.	that i	or the the cha	regisierea inge(s)
5	signa	ture of a member or authorized representative of a member	4444		Printed or typed name	ofsig	nee	
1 h pro the	iere ovisi obl mer tifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d in writing of this change. CT Corporation System	perjormai d for in Cl hereby cor • Kalm	900 OI BH /1	mnes ana i am iai	91 I / EI II	54.7575 5	ATTICAL LALL C CS 1.76
Si	gnatu	ire of Registered Agent						

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: 525.00