La1000/95775

(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.				

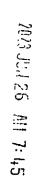
Office Use Only



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S. CHATHAM AUG 1 Z 2023



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: BM MILES 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:
4
Branden Miles
Name of Person
BM MILES LLC
Firm/Company
1326 E Commercial Blud #1014
Address
Oukland Park FC 33334
City/State and Zip Code
BMMILESLIC @ GMAIL, COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Branden Miles at (954) 257-3074
Name of Person Area Code & Daytime Telephone Number

Street Address:

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2023 JUN 26 NH 7: 11-5

Enclosed is a check for the following amount:

≰ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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: BM MILES LLC		
2.	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	326 E Commercial Blvd failing address of limited liability company: (Note: MAY BE POST OFFICE BOX) # 1014 33334 Oakland Park FL 33315	
3. 5. (a)	Date of filing/registration in Florida 4.	1000195775 Document number	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 Riverside Ave. Sacksonville FL 32202		
(b)	Ryskend Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered Office address:		

	NEW Registered Office Address:	
	7901 4th St N STE 300	
	St. Petersburg FL	33702
	, , ,	vs of the State of Florida, it is hereby confirmed that after the
agent v	will be identical. Or, in the case of a Florida limited lia	registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in the
articles	s of organization or the operating agreement of the limi	
	Dart Mil	Branden Miles
I herel provisi the obl merely	ons of all statutes relative to the proper and complete p	Printed or typed name of signee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed to be confirm that the limited liability company has been

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

INHS18 (2/14)

Signature of Registered Agent

2023 JULI 26 MH 7: 45