

## 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 Fax Number : (855)330-1010

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

Email /	Address:					
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## LLC REGISTERED AGENT CHANGE BAYVIEW 4300 INVESTMENTS LLC

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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.

1. N	Same of the limited liability company: Bay	view 4300	) Investments LLC	
2. (a)		(b	b)	
	Principal office address of limited liability co (Note: MUST BE STREET ADDRES		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	06/17/21		L21000281980	
3.	Date of filing/registration in Florid	la 4.	Document number	
5. (a	, PAVLOVSKY, ALEX			
., (6	Registered Agent and Registered Office shown on th	e records of the Florida	a Dept. of State:	
	6767 COLLINS			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	APT 603			
	MIAMI BEACH	, FL 33141	1	
		, 1.1		
(b	, Registered Agents Inc			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW</u>	Registered Office add	ldress:	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	<sub>. FL</sub> _33702	2	
the cl agent was/v	hange or changes are made, the Florida street will be identical. Or, in the case of a Florida	address of the regis a limited liability co members of the lim	e State of Florida, it is hereby confirmed that after istered office and the business office of the register ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.	
	Riley Park	Rile	ley Park	
_	nature of a member or authorized representative of a me		Printed or typed name of signee	
provi the or to me notifi	isions of all statutes relative to the proper and bligations of my position as registered agent of crefy reflect a change in the registered office of ted in writing of this change.	t complete perform as provided for in C uddress, I hereby co	et in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and acce Chapter 605, F.S. Or, if this document is being file confirm that the limited liability company has been	
311	N Bill Havre -	Assistant Secre	etary	

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

Signature of Registered Agent