## L21000289064

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
<b>(</b>				
(Document Number)				
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## COVER LETTER .

TO:	Registration Section Division of Corporations	·
SUBJE	CT: BSpeechie LLC Name of Limited Li	ability Company
Dear Si	r or Madam:	
The end	closed Registered Agent/Registered Office Change and I	Cee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the f	ollowing:
	Prenda Ogrodnick Name of Person	_
	BSpechie LLC Firm/Company	_
2	318 SW 17th Terr Address	<del>_</del>
	Cape Coal Pt 33991 City/State and Zip Code	
	City/State and Zip Code	_
_bs	pechie thurapy egmail. com mail address: (to be used for future annual report notifie	cation)
For fur	her information concerning this matter, please call:	
_B,	renda Ogradra de at ( 732 Name of Person	) 299 - 7530 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	5 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. Na	ime of the limited liability company: <i>BSPeed</i>	hie L	LC		
2. (a)	2210 C. 1 12th +	(b) 2318 SW 17th ten.  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			my:
	Cape (oral Fe 33991		Cape Co	al FL 3.	3991
3. 5. (a)	Date of filing/registration in Florida	4.	Document no	umber	
(b)	Registered Agent and Registered Office shown on the records of the T901 4th St. N.  Registered Office Address (MUST BE FLORIDA STREET AD ST. & 300  St. Petersburg , FL  Brenda Ogradnick  Enter name of NEW Registered Agent and/or NEW Registered Office Address:  2318 SW 17th Terr	ODRESS)	 <sup>2</sup> 02	2022 JUN 29 PM I2: 08	
change	Cape Coral FL imited liability company is not organized under the laws or changes are made, the Florida street address of the re	of the Star	te of Florida, it is her ffice and the business	s office of the registe	red
was/we the arti	will be identical. Or, in the case of a Florida limited liable tere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the line of a member or authorized representative of a member.	the limited mited liabi	l liability company or	r as otherwise provide	
I herel provision the oblit to mere notifica	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided fely reflect a change in the registered office address, I her I in writing of this change.	e to act in te erformance	his capacity. I further of my duties, and I d	er agree to comply wi am familiar with and	accept

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