(Requestor's Name)				
(Address)				
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Date:	08/19/2021		
	Eric Marca	ino	
Referen	nce #: 1454 \$	967	
	Name:B1		HOLDINGS, LLC
_	Articles of Incorporation/ Amendment	'Authorization to∃	ransact Business
	Change of Agent		
F	Reinstatement		
	Conversion		
i	Merger		
<u> </u>	Dissolution/Withdrawal		
f	Fictitious Name		
	Other		
Authoria	zed Amount:	\$25.00	
Signatu	re Eric Marcano		

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	ECT: BT ROLLOVER HOLDINGS, I	.LC	
30131		Name of Limited Li	ability Company
Dear Si	ir or Madam:		
The end	closed Registered Agent/Registered	Office Change and f	ce(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the fi	ollowing:
Aileen	Collender		
_	Name of Person		_
Miles &	Stockbridge P.C.		
	Firm/Company		_
100 Lig	tht Street		
	Address		_
Baltimo	ore. MD 21202		
	City/State and Zip Cod	le	_
acollen	d@milesstockbridge.com		
E	-mail address: (to be used for future	annual report notific	cation)
For fur	ther information concerning this mat	ter, please call:	
Aileen	Collender	410 at (385-3654
	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 follow	ing amount:	
	■ \$25 Filing Fee	□ \$5	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	me of the limited liability company: BT ROLLOVER H	IOLDIN	٩G	S, LLC	
2. 1	'a Y	304 Turtle Hatch Road	(b) 304 Turtle Hatch Road			
	,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (,	,	N.	lailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Naples, FL 34103	_		Naples, FL	34103
		07/29/2021	_		_210003450	062
3.5.	(a)	Date of filing/registration in Florida Robert T. Kiffney	4.		[Document number
	(,	Registered Agent and Registered Office shown on the records of the 4394 Caldera Circle	e Florida	a I	Dept. of State:	:
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES:	<u>5)</u>		
		Naples, FL_				TARY OF STATE
I	(b)	Robert T. Kiffney				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	ldı	tesv:	or st
		304 Turtle Hatch Road				FAE *
		NEW Registered Office Address:				
		Naples, FL	84103			
cha age was	nge nt v s/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability of the liabilit	egistero fility co the lin mited l	ed on nit lia	office and npany, it is ed liability bility comp t T. Kiffney	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
S	ignal	are of a member or authorized representative of a member				Printed or typed name of signee
pro the to n	visi obl vere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he is in writing of this change.	e to act erform for in C reby co	t in an Ch on	n this capa ice of my di capter 605, firm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been
Sig	natu	re of Registered Agent Robert T. Kiffney				