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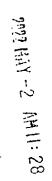
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
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Special Instructions to Filing Officer:								

Office Use Only



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COVER LETTER

_	istration Section ision of Corporations								
SUBJECT:	BBREDDECK, LLC								
Name of Limited Liability Company									
Dear Sir or	Madam:								
The enclose	d Registered Agent/Registered C	Office Change and fe	ee(s) are submitted for filing.						
Please retur	n all correspondence concerning	this matter to the fo	Howing:						
Jhanese Hoo	sain								
	Name of Person		_						
ZenBusiness	Inc.								
	Firm/Company		_						
336 E. Colle	ge Ave. Suite 301								
	Address		_						
Tallahassee,	FL 32301								
	City/State and Zip Code								
fulfillment@	zenbusiness.com								
E-mai	address: (to be used for future a	nnual report notific	ation)						
For further i	nformation concerning this matt	er, please call:							
Jhanese Hoo	sain	844 at (493-6249						
	Name of Person	(Area Code & Daytime Telephone Number						
Reg Div P.C	iling Address: gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enc	closed is a check for the followi	ng amount:							
	25 Filing Fee	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.	Na	me of the limited liability company: BBREDDECK, LL	.C			
2. (a	a)	1828 Antigua Drive	(b) 1828 Antigua Drive			
()		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- (υ,		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Orlando, FL 32806-1581			Orlando, Fl	. 32806-1581
		Orange CountyUS	_		Orange Cou	intyUS
		11/17/2021		1.2100		51
3.	-)	Date of filing/registration in Florida REDDECK, BEATRICE B	4.	_]	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1828 ANTIGUA DRIVE					
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				9n22 [i
		ORLANDO FL ³	32806			nngg 11/14 2
a	b)	ZenBusiness Inc.				= =
•	,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			ress:	MH 11: 28
		336 E. College Ave.				·
		NEW Registered Office Address:				
		Suite 301				
		Tallahassee , FL	32301			
chan agen was/	ige it v 'we	mited 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 liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister oility co the lin	red on nit	l office and apany, it is ted liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
/s/ Beatrice Browssard Reddeck Beatrice Browss						<u></u>
Signature of a member or authorized representative of a member					Printed or typed name of signee	
prov the o to m	isi obli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete paigations 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 ac erform for in (rreby c	t i tar CF or	n this capac ice of my di iapter 605, ifirm 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 he limited liability company has been
Sign	atu	re of Registered Agent				