L21000516947

(Req	uestor's N	ame)				
/A.J.I	i- s					
(Addi	ress)					
(Address)						
(*****	,					
(City/State/Zip/Phone #)						
PICK-UP	□ wa	JΤ	MAIL			
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(Busi	ness Enti	ty Name)				
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Certified Copies	Certi I	ficates of S	Status			
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Special Instructions to Fi	iling Offic	er:				
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2022 SEF 26 PH 2: 53

09/26/22--01021--014 **25.00

DEC . ,

	COVER LETTER
TO: Registration Section Division of Corporations	
BDSFLLC	
SUBJECT:	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/R	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Allison Cavendish	
Name of	Person
Firm/Co	npany
11860 W State Road 84, Suite B15	
Addre	is s
Davie, Fl. 33325	
City/State a	ad Zip Code
allison@equilibriumeventsinc.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning	ng this matter inlease call:
	954 809-1787
Allison Cavendish	
Name of Person	at ()
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporatio	
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303
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.

	0.1 32 2. 142 1225	BDSFLLC						
	me of the limited liabilit 444 NE 7th Street		444 NE 7th Street (b)					
2. (a)	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS) #1218		_ `	#1218	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Fort Lauderdale, FL 3330	4	_	Fort Lauc	Jerdale, FL 33304			
	12/07/2021		_	L21000516	5947			
3. 5. (a)	Date of filing/re Heffner, Adam G	egistration in Florida	4.		Document number			
). (a)	Registered Agent and Register 1900 NW Corporate Blvd	red Office shown on the records of t	the Florio	ia Dept. of St	ate:			
	Registered Office Address Suite 301 West	(MUST BE FLORIDA STREET	4DDRES	<u>(SS)</u>	_	trest	2022 SUT	
	Boca Raton		33431			;:	92.1	
(b)	Allison Cavendish					• • • • • • • •		
(0)	Enter name of NEW Registe	red Agent and/or NEW Registered	Office a	ddress:			2: 53	
	11860 W State Road 84		······					
	NEW Registered Office Add Suite B15	dress:						
	Davie	FL	33325	· · · · · · · · · · · · · · · · · · ·				
change agent v was/wo	or changes are made, the vill be identical. Or, in the ere authorized by an affin	is not organized under the lave Florida street address of the he case of a Florida limited liar mative vote of the members of the operating agreement of the	registe ability of the li- limited	red office a company, it mited liabil	and the business office is hereby confirmed the lity company or as othe ompany.	of the re	egistered :hange(s)	
Signa	ture of a member or authorize	d representative of a member			Printed or typed name of	f signee		
provisi the obl to mer	ions of all statutes relativ	nt as registered agent and agree to the proper and complete is registered agent as provided in registered office address. I have	perforn d for in	nance of m Chapter 61	y duties, and Lam Jami 05. F.S. Or. if this doc	uuar wu ument is	n ana accepi s being filed	
Signatu	are of Registered Agent	<u>/</u>						