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NECESTAL DE STATE

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BBNY REO LLC	
Please Debit FCA000000003 For: CHECK	
Thank you Seth Neeley	
1-4-1	==
- All	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art, of Amend, File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
Name Date Time	UCC II Search
name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration Section Division of Corporations	
BBNY REO LLC SUBJECT:	
	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offi	ice Change and fce(s) are submitted for filing.
Please return all correspondence concerning thi	is matter to the following:
SARAH ENCINAS	
Name of Person	
FILEJET INC	
Firm/Company	
10440 PIONEER BLVD SUITE 8	
Address	
SANTA FE SPRINGS, CA 90670	
City/State and Zip Code	
REGISTEREDAGENT@FILEJET.COM	
E-mail address: (to be used for future ann	ual report notification)
For further information concerning this matter.	please call:
SARAH ENCINAS	949 259-5955 at ()
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 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.

2. (a)			(b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing a	address of limited liability company: MAY BE POST OFFICE BOX
	4755 TECHNOLOGY WAY, STE 104		717 N DOHENY I	DRIVE
	BOCA RATON, FL 33431		BEVERLY HILLS	S. CA 90210
	07/29/2021		L21000343963	
3.	Date of filing/registration in Florida	4.	Docum	nent number
5. (a)	HARRIS S. HOWARD			
J. (a)	Registered Agent and Registered Office shown on the records	of the Flori	da Dept. of State:	
				~•
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE.	55)	.023
	4755 TECHNOLOGY WAY, STE 104			
	BOCA RATON	FL_33431		7023 OCT 20
				3 3
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office :	address:	EL STATE
	FILEJET INC.			
	NEW Registered Office Address:		-	
	625 E. TWIGGS ST., STE 100			
	TAMPA	FL 33602-	3931	
change agent was/w the art	limited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the limited street with the limited process.	he registe liability of s of the li he limited	red office and the bucompany, it is hereby mited liability comp I liability company. ILLIAM J. BYMEL	usiness office of the registered y confirmed that the change(s) any or as otherwise provided in
Signa	iture of a member or authorized representative of a member		Printed or typed name of signee	

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

Signature of Registered Agent