Florida Department of State Pixelon of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000247892 3)))



H220002478923ABC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:____

LLC REGISTERED AGENT CHANGE **BJJTIME LLC**

Certificate of Status	0	
Certified Copy	0	
Page Count	02	
Estimated Charge	\$25.00	

Electronic Filing Menu Corporate Filing Menu

Help

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. Ni	ame of the limited liability company: BJJTI	me LLC			
2. (a)	, , ,	(b)		
`,	Principal office address of limited liability compan (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	7901 4th St N STE 300		7901 4th St N	I STE 300	
	St. Petersburg FL		St. Petersburg F	-L 33702	
	01/01/22		L22000002	470	
3.	Date of filing/registration in Florida	4.	Docume	ent number	
5. (a)	URENA VALVERDE, KENNETH				
J. (,	Registered Agent and Registered Office shown on the reco	rds of the Florida	Dept. of State:		
	12274 PASHA LN				
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRESS	<u> </u>		
	ORLANDO	_{. FL} 32827	7	···	FT2 2022 JUL 21
(b)	Registered Agents Inc.			:	JUL
(0)	Enter name of NEW Registered Agent and/or NEW Registered Agent	stered Office ad	dress:		2
	7901 4th St N				150 PH 4
	NEW Registered Office Address:			:-	կ։ 3 կ
	STE 300				•
	St. Petersburg	_, _{FL} 33702	<u> </u>		
the cha agent was/w	imited liability company is not organized under the florida street addressed or changes are made, the Florida street addressed identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the regis ted liability co bers of the lim	stered office and the ompany, it is hereby aited liability compar	business office confirmed that the	of the registere he change(s)
	R: Ly Pak	Rile	ey Park		
•	ture of a member or authorized representative of a member			r typed name of sign	
provis the ob- to mer notifie	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as preely reflect a change in the registered office addred in writing of this change.	plete perform ovided for in (vss, I hereby co	ance of my duties, ar Chapter 605, F.S. Or onfirm that the limite	further agree to c nd I am familiar r, if this docume ed liability comp	comply with the with and accep nt is being filed any has been
jec 1	Bill Havre · Assi	istant Secre	ıaı y		

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

Signature of Registered Agent