## L22000027885

(Requestor's Name)					
(Addre	-c)				
(Address)					
(Addre	ss)				
(City/S	_ tate/Zip/Phone #	<del>/</del> )			
PICK-UP	WAIT	MAIL			
(Busine	ess Entity Name	·)			
(Document Number)					
Certified Copies	Certificates o	of Status			
Special Instructions to Filing Officer:					

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RECEIVED

A. BUTLER MON 30 5655 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195							
REFERENCE : 159302 8384787							
AUTHORIZATION: Spelle man							
COST LIMIT : \$ 25.00							
ORDER DATE: November 28, 2022							
ORDER TIME : 1:24 PM							
ORDER NO. : 159302-005							
CUSTOMER NO: 8384787							
CHANGE OF AGENT							
NAME: AILE LLC							
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:							
CERTIFIED COPY  XX PLAIN STAMPED COPY							
CONTACT PERSON: Alexxis Weiland EXT#							

EXAMINER:

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE			
	Na	ame of Limited	l Liability Company
Dear Sir	r or Madam:		
The enc	losed Registered Agent/Registered O	ffice Change a	nd fee(s) are submitted for filing.
Please re	eturn all correspondence concerning t	his matter to t	he following:
LUZ LO	PEZ		
	Name of Person		
FL INTE	ERNATIONAL TAX ADVISORS, INC.		
	Firm/Company	V	<del></del>
2875 N	E 191ST ST. STE 500 OFFICE 523		
	Address		
AVENT	URA, FL 33180		
	City/State and Zip Code		<del></del>
INCOR	PORATIONS@FLINVEST.CO		
E-1	mail address: (to be used for future ar	nual report no	tification)
For furth	her information concerning this matte	r, please call:	
LUZ LO	PEZ	786 at (	719-7246
	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 followin	g amount:	
I	S25 Filing Fce		\$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.

1. N	ame of the limited liability company:				
2. (a)	848 Brickell Ave. Suite 203		(b)	848 Bricke	Il Ave, Suite 203
(u,	Principal office address of limited liability company:  (Nate: MUST BE STREET ADDRESS)	<u> </u>	(0)	М	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Miami, FL 33131		•	Miami, FL :	33131
	01/13/2022		l	_220000278	885
3.	Date of filing/registration in Florida	<del></del> 4.		[:	Document number
5. (a	BP TAX ADVISORY LLC				
J. (a.	Registered Agent and Registered Office shown on the records of the Florida Dept. of State			Dept. of State:	20
	848 Brickell Ave, Suite 203				72 N
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				2022 NOV 29
	Miami, F	L_33131	i 		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	ed Office a	ıddı	ess:	ω 8 Ω Ω
	NEW Registered Office Address:				
	1201 Hays Street				
	Tallahassee F	L_32301			
chang- agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laster authorized by an affirmative vote of the members icles of organization or the operating agreement of the Hector Domingues.	e registe liability of of the lif e limited	red om mit lia	office and pany, it is led liability bility comp or Domingue	the business office of the registered nereby confirmed that the change(s) company or as otherwise provided in sany.
Sign	ature of a member or authorized representative of a member			I	Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gree to ac e perforn ed for in hereby c	et in nan Ch con	i this capac ce of my di apter 605, , firm that th	ity. I further agree to comply with the aties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
Signati	ire of Registered Agent				

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