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(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of	Status
Special Instructions to Filing Officer:	
	J. HORNE
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TO: **Registration Section** Division of Corporations

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Hoblings SUBJECT:

Dear Sir or Madam:

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The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person 5001 HAGS Firm/Comp <u>C</u> 404 amir 90 IGMI FL 33143 City/State and Zip Code <u>Sbmiami717@qmail</u>, C E-mail address: (to be used for future annual/report notification) M6'

For further information concerning this matter, please call:

at (<u>305)</u><u>5ĉ</u> Arca Code 8-131) (CCl & Daytime Telephone Numbe Name of Person

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 BO' LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability submits the following statement in order to change its registered office or registered agent, or both, in the State c

L. N	Name of the limited liability company: <u>BSB Holdings Group LL</u>	<u>_C</u>	
2. (a)) <u>8101 Canino Real # C404</u> (b) <u>8101 Canino</u>	Res	3
	Principal office address of limited liability company: Mailing address of limited (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST		
		<u> </u>	<u>177</u>
	Miami FL 33143 Apt. (404_		
	Migmi FL 3	314	2
		\bigcirc	
^	February 222020L220000954Date of filing/registration in Florida4.Document number	82	<u> </u>
3.			
5. (a)			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	4644 Ponce de Leon Blud		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	Suite 402		
	Coral Gables FL 3314(0)	202	
		SECHEL.	
(b)	, Barbara Schlag, Berg		
	Enter name of <u>NEW Registered Agent</u> and/o ¹ <u>NEW Registered Office address</u> :	-8	
	SIDI Camino Real Act C404	PH 4:	r T
	<u>NEW</u> Registered Office Address:		
	Ant (404	0	
	Miami		
If the l	limited liability company is not organized under the laws of the State of Florida, it is hereby conf	firmed th	at a:
change	ge or changes are made, the Florida street address of the registered office and the business office of	of the reg	iste
	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the were authorized by an affirmative vote of the members of the limited liability company or as other		
thefart	ricles of organization or the operating agreement of the limited liability company.	0.	
Ŧ	A Dara Schlag	Ke	\sim
-	rature of a member or authorized representative of a member Printed or typed name of	-	
There proviș	eby accept the appointment as registered agent and agree to act in this capacity. I further agree is sions of all statutes relative to the proper and complete performance of my duties, and I am famili	to compl iar with i	and
the ob- to men	sions of all statutes relative to the proper and complete performance of my duties, and I am famili bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docu dely reflect a change-in the registered office address. I hereby confirm that the limited liability co	ment is t mpany h	being as b
ndifie	edin writing of this change.	t 1771	-
T			

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 F1LING FEE: \$25.00