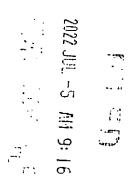
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(R	equestor's Name)	_
(A	ddress)	
	11.00	
(A)	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(B	usiness Entity Nar	ne)
(D	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
7	Office Use On	lv



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OFT NOTES.

COVER LETTER

INHS18 (2/14)

TO: Registration Section Division of Corporations	
Bashka Investment LLC	
SUBJECT: Name of Lin	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.
_	
Please return all correspondence concerning this matter	r to the following:
Lorge Dolotin	
Larry Bolotin	
Name of Person	
Bashka Investment LLC	
Firm/Company	
01401	
8140 Landings Ln	 ~2
Address	2022 JUL
Englewood, FL 34224	
City/State and Zip Code	: in
lbinvestment228@gmail.com	ently factor and the control of the
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Larry Bolotin 4	425 280-9854
Name of Person	Area Code & Daytime Telephone Number
	, ,
Mailing Address:	Street Address: Registration Section
Registration Section Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
Tananassee, 115 52514	Tallahassee, FL 32303
Enclosed is a check for the following amoun	at·
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

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.

	8140 Landings Ln Englewood FL 34224		17 W Cas	sino Rd apt D-1	Everett,WA	A 98204	1
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	04/14/2022		L2200017	9652	,		
	Date of filing/registration in Florida	4.		Document nu	mber		
(a)	BOLOTIN, LARRY			_			
	Registered Agent and Registered Office shown on the records	of the Florida	Dept. of Sta	ite:			
	BOLOTIN, LARRY			<u> </u>			
	Registered Office Address (MUST BE FLORIDA STREE	<u>ET ADDRESS)</u>					
	6547 MIDNIGHT PASS ROAD #1053						
	SIESTA KEY	FL				~	
			<u> </u>		the Co	022	
(b)	BOLOTIN, LARRY				- P P		===;an :
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office add	ress:			رئ	e Pria:
					~		;
	NEW Registered Office Address:			_	•	AH 9:	
	8140 Landings Ln					<u> </u>	
		.			•	٠.	
	Englewood	FL 34224					
		· ··					
the l	imited liability company is not organized under the or changes are made, the Florida street address of	laws of the !	State of F Loffice a	lorida, it is here nd the business	eby contir office of	med th the reg	at after thistered
ent v	vill be identical. Or, in the case of a Florida limited	l liability cor	npany, it	is hereby confi	rmed that	the cha	ange(s)
as/we e arti	ere authorized by an affirmative vote of the member cles of organization or the operating agreement of t	rs of the timi the limited li	ted habili ability co	ity company or mpany.	as otherw	ise pro	ivided in
			Bolotin	, ,			
Signa	ture of a member or authorized representative of a member			Printed or type	d name of si	gnee	
C.	by accept the appointment as registered agent and	agree to act	n this cap	pacity. I furthe	r agree to	compl	y with the