## L22000304295

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## **COVER LETTER**

то:	Registration Section Division of Corporations		, · · · · · · · · · · · · · · · · · · ·	
SUBJE				
	Nam	e of Limited I	Liability Company	
Dear Si	r or Madam:			
The enc	closed Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.	
Please r	return all correspondence concerning this	s matter to the	following:	
Dr. Gre <sub>k</sub>	g Hoscheit			
<del></del> -	Name of Person		<u>—</u>	
BZPG li	nvestments LLC			
	Firm/Company		<del></del>	
30383 F	orest Parke Dr			
·	Address		<del></del>	
Fernand	ina Beach, FL 32034			
•	City/State and Zip Code		<del></del>	
drgch60	@gmail.com			
E-	mail address: (to be used for future annu	ual report noti	fication)	
For furt	her information concerning this matter,	please call:		
Greg Ho	oscheit	575 at (	644-8733	
	Name of Person		Area Code & Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, 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			

## 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. Na	ame of the limited liability company: BZGP Investme						
	ATTN: Dr. Greg Hoscheit		(b) ATTN: Dr Greg Hoscheit				
2. (4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(2.	Mailing a	ddress of limited liability company:  MAY BE POST OFFICE BOX)		
	30383 Forest Parke Dr			30383 Forest Parke	: Dr		
	Fernandina Beach, FL 32034			Fernandina Beach.	FL 32034		
	07/07/2022		I	_22000304295			
3.	Date of filing/registration in Florida	4.	-	Docum	ent number		
5. (a)							
(,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:						
	Larry L. Adair ESQ						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				F-27		
	9715 West Broward Boulevard, Suite 303	<u>-</u>					
	Plantation	L 33324	33324				
		L	-				
(b)					2 2		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	ado	ress:	PH 1: 33		
	Dr Greg Hoscheit				ATE FL		
	NEW Registered Office Address:						
	30383 Forest Parke Dr,						
		20024					
	Fernandina Beach , F	L					
change agent w was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lare authorized by an affirmative yote of the members cless of organization or the operating agreement of the state of the	e registe iability of the 1 e limited	ere coi imi d li	d office and the bu npany, it is hereby ted liability compa	siness office of the registered confirmed that the change(s)		
Signat	ure of a preparer or authorized representative of a member	_			or typed name of signee		
provisi the obli to mere notified	ov accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I injuriting of this change	ree to a e perfor ed for ir hereby	nct ma 1 C CO	n this capacity. I nce of my duties, a hapter 605, F.S. C nfirm that the limit	further agree to comply with the and I am familiar with and accept Or, if this document is being filed ted liability company has been		

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