

L22000458657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

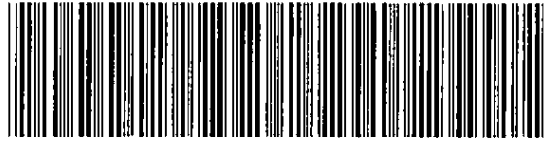
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
FALL ALEXSSEE, FLORIDA

A CUTLER  
11/28/23

**Incorporating Services, Ltd.**

1540 Glenway Drive  
Tallahassee, FL 32301  
850.656.7956  
Fax: 850.656.7953  
www.incserv.com  
e-mail: accounting@incserv.com



**ORDER FORM**

**TO** Florida Department of State  
The Centre of Tallahassee  
2415 North Monroe Street, Suite 810  
Tallahassee, FL 32303  
corphelp@dos.myflorida.com  
850-245-6051

**FROM** Melissa Moreau  
mmoreau@incserv.com  
850.656.7953

**REQUEST DATE** 11/27/2023

**PRIORITY** Regular Approval

**OUR REF # (Order ID#)** 1200460

**ORDER ENTITY**

9525 BH 2 LLC

**PLEASE PERFORM THE FOLLOWING SERVICES:**

9525 BH 2 LLC (FL)

File the attached change of agent document

**NOTES:**

\$25.00 Authorized

**RETURN/FORWARDING INSTRUCTIONS:**

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

A handwritten signature in black ink, appearing to be the name of the sender, Melissa Moreau.

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.



**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. Name of the limited liability company: 9525 BIL 2 LLC

2. (a) 10010 W. BROADVIEW DR. (b) 10010 W. BROADVIEW DR.

Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

BAY HARBOR ISLANDS, FL 33154

BAY HARBOR ISLANDS, FL 33154

10/26/2022

L22000458657

3. Date of filing/registration in Florida 4. Document number

5. (a) SUNDOC FILINGS INCORPORATED

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3458 LAKESHORE DRIVE

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TALLAHASSEE, FL 32312

(b) United Agent Group Inc.

Enter name of NEW Registered Agent and/or NEW Registered Office address:

801 US Highway 1

NEW Registered Office Address:

North Palm Beach, FL 33408

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

/S/ MENACHEM KRANZ

MENACHEM KRANZ

Signature of a member or authorized representative of a member

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

/S/ William Huser

Signature of Registered Agent