## L230000 84123

(Requestor's Name)					
(Address)					
(Address)					
(C) (O) (T) - (D) (D)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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## 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: BKR Real Estae F	lolding	gs, LLC	
2. (a)			(b)	
. ()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(-)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	505 Avellino Isles Circle #38102		505 Avell	ino Isles Circle #38102
	Naples, FL 34119		Naples, F	L 34119
	2/15/23		L23000008	4123
<b>)</b> .	Date of filing/registration in Florida	4.		Document number
. (a)	Blake Becker			
5. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida Dept. of Sta	
	Registered Office Address (MUST BE FLORIDA STREET.	4DDRI	<u>:SS)</u>	_
	505 Avellino Isles Circle #38102			_
	Naples	34119	1	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			2024 JUNI -5 FALLE LA
	NEW Registered Office Address:			a m
	5880 Shirley Street Suite 201			
				。 で
	Naples . FL	34109 ,	1	ي م
hange gent v vas/w	imited liability company is not organized under the lay c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the l limite	ered office an company, it imited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
Signa	nture of a member or authorized representative of a member			Printed or typed name of signee
provis The obj To mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide the reflect a change in the registered office address, I in a change of this change.	ee to e perfoi d for i hereby	act in this cap mance of my n Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signal	pro of Registered Agent			