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## COVER LETTER

Amendment Section TO: Division of Corporations

SUBJECT: Change of address for Registered Agent and Manager for BMS Grace Multiservices LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed address change for Registered Agent/Registered Office Change and fee(s) are

submitted for amendment. Please amend the Registered Agent and the Manager's address

as follow:

Old address: Betty Marie Sophia Mercier 6534 NW 15 Ct Margate, FL 33063

New address: Betty Marie Sophia Mercier 111 NW 183rd St Miami Gardens, FL 33169

Please address return all correspondence concerning this matter to the following:

**BMS Grace Multiservices LLC** 

C/O Betty Marie Sophia Mercier 111 NW 183rd St. Miami Gardens, FL 33169 Sm. servicescenter@gmail.com

For further information concerning this matter, please call: Betty Marie Sophia Mercier at (516) 499-2763

Mailing Address:
A mendral 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 Arrendment Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

# STATEMENT OF CHANGE OF REGISTERED AGENT'S PHYSICAL AND MAILING ADDRESS 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 the physical and mailing address for its registered office or registered agent, or both, in the State of Florida.

2. (a)_	Betty Marie Sophia Mercier	(b)	Betty Marie Sophia Mercier
`	OLD Principal office address of limited liability company:		OLD Mailing address of limited liability
	company:(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	111 NW 183 <sup>rd</sup> St		111 NW 183 <sup>rd</sup> St
	Miami Gardens, FL 33169	. <u></u> .	Miami Gardens, FL 33169
	02/20/2023		L23000090596
ì.	Date of filing/registration in Florida	4.	Document number
5. (a)			
. 1447	Registered Agent and Registered Office shown on the records of the	Florida Dept.	of State:
	Datte Mania Canhia Manaian		
	Betty Marie Sophia Mercier Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	
	· · · · · · · · · · · · · · · · · · ·	<u></u>	
	6534 NW 19 Ct		
		33063	
(b)			
	Enter name o NEW Registered Agent and/or NEW Registered Of	ffice address:	
	Betty Marie Sophia Mercier		
	NEW Registered Office Address:		FRANK BONHOMME
	•		NOTARY PUBLIC-STATE OF NEW YORK
	111 NW 183 <sup>rd</sup> St		No. 01806316676  Qualified in New York County
			My Commission Expires 12-15-2022
	Miami Gardens . FL_3	3169	- runk Box Not
:hange igent v vas/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liabil are authorized by an affirmative vote of the members of t cles of organization or the operating agreement of the lim	gistered off lity compan the limited l	fice and the business office of the registered y, it is hereby confirmed that the change(s) liability company or as otherwise provided in
V.	ture of a member		Betty Marie Sophia Mercier
	Ľ		Printed or typed name of signee
rovisi he obli o were	by accept the appointment as registered agent and agree ons of all statues relative to the proper and complete pe igations of my position as registered agent as provided for Ply reflect a change in the registered office address. Then I'm writing of this change.	to act in th rformance or in Chapt eby confirm	is capacity. I further agree to comply with the of my duties, and I am familiar with and accept er 605, F.S. Or, if this document is being filed in that the limited liability company has been
	Moncien		
Sigratui	re of Registrated Agent INHS18 (2/14)		
	// Division of Corporations P.O. Box	יו. ידי בידי ביי	lobozopo III 171114

AMENDMENT FEE: \$25.00