L23000 117406

(Requestor's Name)					
(Address)					
(Address)					
(City/State)	/in/Dhone to				
(City/State/2	(ip/Phone #)				
PICK-UP V	VAIT MAIL				
(Business E	ntity Name)				
(Document Number)					
Certified Copies Ce	ertificates of Status				
Special Instructions to Filling Officer.					
					

Office Use Only



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2029 JUN 20 PM 3: 26

023 JUN 20 PM 3: 2

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	CLNG Homes LLC		
	Name o	f Limited L	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office (Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning this ma	atter to the	following:
James M	M. Flick		
	Name of Person		_
BFW S	ervices, LLC		
	Firm/Company		
801 N N	dagnolia Ave, Ste 216		
	Address		-
Orlando	, FL 32803		
	City/State and Zip Code	-	_
james@	thefloridalawyers.com		
E-	mail address: (to be used for future annual re	port notifi	cation)
For furtl	her information concerning this matter, pleas	se call:	
James M	f. Flick	407	777-8541
	Name of Person		Area Code & Daytime Telephone Number
]]]	Mailing Address: 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
ı	Enclosed is a check for the following amou	unt:	
i	■ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy
NHS18 (2/14)		

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. N	ame of the limited liability company:	s LLC		
2. (a)	1000 Riverside Avenue	(b)	3427 W	Montague Avenue
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 350		Suite 6	
	Jacksonville, FL 32204		North Ch	arleston, SC 29418
	03/07/2023	Į	J23000117	7906
3. 5. (a)	Date of filing/registration in Florida Justin R. Langit	4.		Document number
()	Registered Agent and Registered Office shown on the records 3427 W Montague Avenue	s of the Florida I	Dept. of Sta	le:
	Registered Office Address (MUST BE FLORIDA STREET Suite 6	ET ADDRESS)		2023 ວະບຸ TALL
	North Charleston	FL ²⁹⁴¹⁸		EUR JUN 20
(b)	BFW Services, LLC			
	Enter name of NEW Registered Agent and/or NEW Register	red Office addr	<u>"ess</u> :	PM 3: 26
	801 N Magnolia Ave.			26 RIDA
	NEW Registered Office Address:	.		_
	Suite 216			_
	Orlando	FL		_
agent w was/we the artic	mited liability company is not organized under the lor changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited reauthorized by an affirmative vote of the members eles of organization or the operating agreement of the street of the	he registered liability com s of the limite ne limited lial	office and pany, it is ed liability bility com	d the business office of the registered shereby confirmed that the change(s)
Signati	ire of a member or authorized representative of a member			Printed or typed name of signee
J	y accept the appointment as registered agent and a ns of all statutes relative to the proper and complet gations of my position as registered agent as provid y reflect a change in the registered office address, in writing of this change.	gree to act in te performant led for in Che I hereby conf	this capa ce of my a upter 605, irm that t	wity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been
Signature	M. Fl. , as Manager of BFW Services, LLC of Registered Agent	•		

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