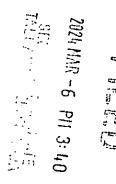
## L23000240193

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	y/State/Zip/Phon	e #)
PICK-UP	MAIT WAIT	MAIL
(Bus	siness Entity Na	me)
(Doc	cument Number	)
Certified Copies	Certificate	s of Status
Special Instructions to f	Filing Officer.	
	•	
<u>UM</u>	115	<u> </u>
-	Office Use Or	nlv



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## COVER LETTER

	Registration Section Division of Corporations			
SUBJE	Bench Partners	LLC		
SOME		Name of Lin	nited Lia	bility Company
Dear Si	or Madam:			
The enc	losed Registered Agent/Registered	Office Char	nge and fe	ee(s) are submitted for filing.
Please r	eturn all correspondence concernir	ig this matter	to the fo	llowing:
An	drew J Bellamah	_		
	Name of Person		<u> </u>	<u>-</u>
Ber	nch Partners LLC			
	Firm/Company	<del></del>		_
127	15 Hammock Park D	rive		
	Address			<del>-</del>
Riv	erview FL 33579			
	City/State and Zip Co	ode		<del></del>
ajt	pellamah@bnbinc.com	า		
Е	-mail address: (to be used for futur	e annual repo	ort notific	eation)
For fur	ther information concerning this m	atter, please	call:	
AJ	l Bellamah	at (	813	906-8730
	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
	Enclosed is a check for the follo	wing amou	nt:	
	☐ \$25 Filing Fee		□ \$5	5 Filing Fee & Certified Copy
INHSU	8 (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. Na	ime of the limited liability company: Bench I	Partners	LLC	
2. (a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability co	
	(Note: MUST BE STREET ADDRESS) 8538 Bench Drive		8730 Georgia Avenue	
	Port Richey, FL 34668		Silver Spring, MD 209	910
	05/16/2023		L23000240193	
3. 5. (a)	Date of filing/registration in Florida — . — Andrew R. Bellamah	- 4	Document number -	-
•	Registered Agent and Registered Office shown on the records of	the Florida Dept	, of State:	
	Registered Office Address (MUST BE FLORIDA STREET 912 Capriccio LN	ADDRESS)	SECKAL TALL YOUR	
	Apollo Beach , FI	33572		
(b)	Andrew J. Bellamah  Enter name of NEW Registered Agent and/or NEW Registered	d Office address	PM 3: 40	
	NEW Registered Office Address:			
	12715 Hammock Park Drive			
	Riverview	33579		
change agent v was/we	imited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of organization or the operating agreement of the	e registered of lability compa of the limited c limited liabil	fice and the business office of the regi ny, it is hereby confirmed that the cha liability company or as otherwise pro-	istered inge(s)
Sign	ture of a member or authorized representative of a member		Printed or typed name of signee	
pro <b>v</b> isi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I in writing of this change.	ree to act in the performance ed for in Chap hereby confir	nis capacity. I further agree to comply of my duties, and I am Jamiliar with a ter 605, F.S. Or, if this document is b m that the limited liability company hi	v with the and accept eing filed as been
Signatu	rd of Registered Agent			
	Division of Corporations • P.O.	Box 6327 • T	allahassee, FL 32314	

**FILING FEE: \$25.00**