1/11/24, 9:24 AM Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000015621 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453

Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE **B WEIR LLC**



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K. SALY JAN 1 2 2024

(((H240000156213)))

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: B WEIR LLC	
Name of Li	mited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to the following:
LOVETTE DOBSON	
Name of Person	
Firm/Company	
17350 STATE HWY 249 #220	
Address	
HOUSTON TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please of	call:
LOVETTE DOBSONat [8884623453)
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 following amoun-	t:
■ \$25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H24000015621 3)))

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: BWEIR L	LC
_{2. (a)} 4300 N. UNIVERSITY DRIVE	(b) 4300 N. UNIVERSITY DRIVE
Principal office address of limited hability company: (Note: MUST BE STREET (DDRESS))	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
F-100	F-100
SUNRISE 33351	SUNRISE 33351
11/20/2023	L23000522181
3. Date of filing/registration in Florida	4. Document number
5. (a) PATSY WEIR	
Registered Agent and Registered Office shown on the records o	Tthe Florida Dept. of State:
4300 N. UNIVERSITY DRIVE	
Registered Office Address	ADDRESS) 2
F-100	
SUNRISE	33351
(b) REPUBLIC REGISTERED AGENT L Intername of NEW Registered Agent and/or NEW Registere 1150 Nw 72nd Ave Tower I NEW Registered Office Address:	
Ste 455	
Miami	_L 33126
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited I was/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the Signature of a member or authorized representative of a member. Thereby accept the appointment as registered agent and as	iability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in