L23000544653

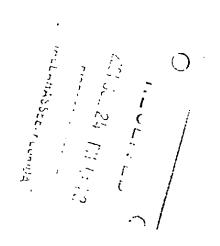
(Requestor's Name)									
-	(Address)								
(Address)									
(Address)									
(1001033)									
	(City/State/Zip/Phone #)								
PICK-UF	WAIT MAIL								
	(Business Entity Name)								
	(Business Entity Name)								
	(Document Number)								
(Cocumera raumber)									
Certified Copies	Certificates of Status								
Special Instructions to	Filing Officer:								
Special instructions to	Fining Officer.								
1									
<u> </u>									

Office Use Only

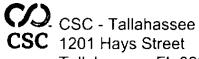


400433206684









Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt - Shauna.Godbolt@cscglobal.com

Ext: x61563 Date: 07/24/24 Order #: 1540800-5

Re: Bedrock Advisory Services LLC

Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.0 - FL State Account Number: I20000000195

The Real Property of the Parket

AUTH

Please take the following action:

File on a routine basis
Issue proof of filing
Return evidence to the following:
ATTN: Shauna Godbolt
c/o Corporation Service Company
251 Little Falls Drive
Wilmington, DE 19808

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT:	Bedrock Advisory Services LL	.c	
SUBJECT		Name of Limited	I Liability Company
Dear Sir or	Madain:		
The enclose	ed Registered Agent/Registered (Office Change a	and fee(s) are submitted for filing.
Please retur	n all correspondence concerning	this matter to t	he following:
Colleen Le	Lay Small		
	Name of Person		
Bedrock Ad	dvisory Services LLC		
	Firm/Company		
6897 Gren	adier Blvd, Unit 401		
	Address		
Naples, FL	. 34108		
	City/State and Zip Coc	le	
colleenlela	ysmall@gmail.com		
E-ma	il address: (to be used for future	annual report no	otitication)
For further	information concerning this ma	iter, please call:	
Colleen Le	Lay Small	631 at (241-9987
	Name of Person	ar (Area Code & Daytime Telephone Number
Re Di P.0	ailing Address: egistration Section vision of Corporations O. Box 6327 Illahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	iclosed is a check for the follow	ving amount:	
٥	\$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHS18 (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.

l. Na	me of the limited liability company: Bedrock Adviso	ry Service	s LLC				
2. (a)	Bedrock Advisory Services LLC	(h)				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address **INote: MAY**	of limited l	liability e	
	6897 Grenadier Blvd, Unit 401						
	Naples, FL 34108						
	December 8, 2023	ı	_23000544	4653.			
i .	Date of filing/registration in Florida	- 4.		Document nu	umber		
i. (a)							
'. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stat	- Re:			
	SPI Agent Solutions, Inc.						
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS		-			
	1540 Glenway Dr.	<u></u>					
	Tallahassee	22204		-			
	FL.	32301		-		2(
<i>(</i> 1.)					-	124,	tar · · · ·
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office udd	Part.	_	-		9 }
	and in the second	Control add	iew.			21	;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;
	Corporation Service Company					-0	H
	NEW Registered Office Address:			_		~~	ر المعادة المعادة
	1201 Hays Street			_	- E1 - 12	PH 12: 49	
	Tallahassee	32301					
7.1 11				_			
gent w as/wei	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registered bility con	office and pany, it is	d the business s hereby confi	office of	the reg	istered
			Blank				
Signati	e of a member or authorized representative of a member			Printed or typed	I name of si	ignee	
e oblig merei	y accept the appointment as registered agent and agrous of all statutes relative to the proper and complete pations of my position as registered agent as provided by reflect a change in the registered office address. I him writing of this change.	ee to act in performan for in Ch ereby con	this capa ce of my a apter 605, firm that t	icity. I further luties, and I as , F.S. Or, if th he limited liah	r agree to m familia iis docum bility com	compler with a with a ent is h pany h	y with the and accep- poing filed as been
Sha	una Godbolt ——						

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00 COA-6447