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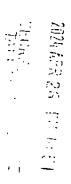
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO:	Registration Section
	Division of Corporations

· 10 10 10 10 10

SUBJECT:	BM's Properties UC
	Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon Moore		
Name of Person		
BM'S Properties (CC Firm/Company		
Firm/Company		
, .		
485 Westlake Blvd #70		
Address		
Palm Harbor, FL 34683 City/State and Zip Code		
City/State and Zip Code		

2074.6CR 26 PH 4-5

bdmsproce tieso amail. Com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Move at (864) 449.0343

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 amount:

□ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: BMS 7	operties UC.
2. (a) 485 Westlake Blvd.	_ (b) 485 Westlake Blvd.
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Unit #70	Unit #170
Palm Harbor, FL 34683	Paim Harbor, FL 34683
1/31/2024	<u></u>
3. Date of filing/registration in Florida	4. Document number
5. (a) 2lnBusiness inc	
Registered Agent and Registered Office shown on the records of the	he Florida Dept. of State:
336 K. College Ave	
Registered Office Address (MUST BE FLORIDA STREET A	
Svite 301	103 103 103 103 103 103 103 103 103 103
TALLAHASSEE	32301 28 23 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
,FL_	25
(b) Brandon Moore	•••
Enter name of NEW Registered Agent and/or NEW Registered	Office address:
(2) 2	(-) ————————————————————————————————————
485 Westlake Bluch	
NEW Registered Office Address:	
Unit #70	
Palm Harbor, FL	34683
If the limited liability company is not organized under the law change or changes are made, the Florida street address of the ragent will be identical. Or, in the case of a Florida limited liab was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the liab	registered office and the business office of the registered bility company, it is hereby confirmed that the change(s)
Signature of a member of the industrial	Printed or typed name of signee
Signature of a member or authorized representative of a member	
I hereby accept the appointment as registered agent and agre- provisions of all statutes relative to the proper and complete p the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I he notified in writing of this change	e to act in this capacity. I further agree to comply with the erformance of my duties, and I am familiar with and accept for in Chapter 605, F.S. Or, if this document is being filed creby confirm that the limited liability company has been

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

Signature of Registered Agent