L24000221979

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
, , ,				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer				
Special mendenene te i imig emeer				

Office Use Only



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06/11/24--01039--005 **25.00



COVER LETTER

	Registration Section Division of Corporations				
SUBJEC	BVF Service LLC				
SODSEC		Name of Limited Liability Company			
Dear Sir	or Madam:				
The encl	osed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please re	turn all correspondence concerning	g this matter to the	following:		
Tierra W					
	Name of Person	_			
ZenBusir	ness Inc.				
	Firm/Company				
336 E. Co	ollege Ave. Suite 301				
	Address				
Tallahass	ee, Ft. 32301				
	City/State and Zip Coo	de			
ra@zenb	usiness.com				
E-n	nail address: (to be used for future	annual report notifi	ication)		
For furth	er information concerning this ma	tter, please call:			
Tierra W		844 at (493-6249		
	Name of Person	ar (Area Code & Daytime Telephone Numbe		
} [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		
i	Enclosed is a check for the follow	ing amount:			
■ \$25 Filing Fee		Q \$5	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.

2. (a)	5719 FLAGSTONE TRAIL PALMETTO, FL 34221	(b)	5719 FLAGSTONE TRAIL PALMETTO, FL 34221
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		 .	
	05/13/2024		1.24(XX)221979
3.5. (a)	Date of filing/registration in Florida BAO VO	— _{4.} –	Document number
J. (a)	Registered Agent and Registered Office shown on the records of 5719 FLAGSTONE TRAIL	of the Florida F	Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	TALLAHAS	
(b)	PALMETTO, F	34221	AHAS
	ZenBusiness Inc.		SEE. P
	Enter name of NEW Registered Agent and/or NEW Registered	ed Office addr	EF CORI
	336 E. College Ave. Suite 301		OA
	NEW Registered Office Address:		
	Tallahassee, F	L_32301	
change agent v was/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited last authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registered liability com of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
/S/ Ba	o Vo	Bao V	0
	ture of a member or authorized representative of a member		Printed or typed name of signee
provisi the obl to mere	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I inwriting of this change.	e performan	ce of my duties, and I am familiar with and accent