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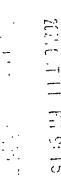
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer.								

Office Use Only



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10/11/24--01008--004 **25.00





COVER LETTER

TO:		stration Section sion of Corporations							
SHRJI	ECT:	BREIDELMAN HOLDINGS 5 LLC							
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Name of Limited	d Liability Company					
Dear S	Sir or N	Madam:							
The en	closec	I Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.					
Please	return	all correspondence concernir	g this matter to the	he following:					
Kent W	Valker								
		Name of Person							
Walker	r Estate	: Planning							
		Firm/Company	,						
6075 B	Barfield	l Road							
		Address							
Atlanta	a, GA 3	30328							
		City/State and Zip Co	de						
kentwa	ılker@	walkerestateplanning.com							
E	-mail	address: (to be used for future	annual report no	otification)					
For fur	rther is	nformation concerning this ma	itter, please call:						
Kent W	Valker		404 at (422-2710					
		Name of Person		Area Code & Daytime Telephone Number					
	Reg Divi P.O.	ling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
	Enc	losed is a check for the follow	ving amount:						
	≅ \$:	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.

I. Na	me of the limited liability company: BREIDELMAN	HOLDIN	GS 5 LLC	·				
2. (a)		C	h)					
Σ. (Δ)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	3560 LENOX ROAD, STE 1500		3560 LEN	NOX ROAD, STE 150	OX ROAD, STE 1500			
	ATLANTA, GA 30326	_ _	ATLANT	TA, GA 30326				
	08/29/2024	131						
3.	Date of filing/registration in Florida	4.		Document number				
.	SANDERS, JULIAN L							
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:							
	Registered Office Address (MUST BE FLORIDA STREET	_						
	8743 STIRLING ROAD	_						
	COOPER CITY . F	L		_				
(b)				•	26			
(b) _.	Enter name of NEW Registered Agent and/or NEW Registered		2024-007					
	SANDERS, JULIAN L							
	NEW Registered Office Address:			_	Ţ.			
	1861 NE 163rd St. North Miami Beach, Fl 33162	73 2007						
				— <u> </u>	(2) (3)			
	North Miami Beach , F	L33162		<u> </u>	Ctl			
change agent v was/we	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members desorborganization or the operating agreement of the	e register iability co of the lin e limited	ed office ar ompany, it nited liabili	nd the business offic is hereby confirmed ty company or as otl	e of the registered that the change(s)			
	tive of a member or authorized representative of a member		an Sanuers	Printed or typed name	of signer			
l hevel provisi the obl	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igutions of my position as registered agent as provide the reflect a change in the registered office address, I important this change.	e perform ed for in	ance of my Chapter 60	pacity. I further agree duties, and I am Jan 5. F.S. Or, if this do	ee to comply with the niliar with and accept ocument is being filed			
Signal	re of Registered Agent							