10/28/2024 06:40 36 PDT = To: 18506176383 Page: 1/2 Fax: 8134365206

## Elorida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

∢Email Address:\_\_

## LLC REGISTERED AGENT CHANGE BIM VENTURES, LLC

Certificate of Status	0
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## 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 Standes, the undersigned limited hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	ame of the limited liability company: BIM VENTURES	3, LLC				
2. (a)	7901 4th St N STE 300	(b)	(b) 7901 4th St N STE 300			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		>	Mailing address of limited liabili (Note: MAY BE POST OFF)		
	St. Petersburg FL 33702		St. Petersb	ourg FL 33702		
			<del></del>			
	09/13/2024	ı	240004002	23.6		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	MCMILLON, BRAXTON I			_		
	Registered Agent and Registered Office shown on the records of					
	5122 NW 43RD AVE					
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		-		
				-		
	COCONUT CREEK FI	<u> 33073</u>		•		
.1.	Northwest Consistent America III C				}	
	Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:			200 100 100 100 100 100 100 100 100 100	! }	
	7901 4th St N			25 Z		
	NEW Registered Office Address:				ROYEU NO NO	
	STE 300		·		بَ	
					_ J	
	St. Petersburg , FI	33702			- <del>-</del>	
the cha agent v was/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	f the registe lability control of the limit	ered office npany, it is led liability	e and the business office of s hereby confirmed that the y company or as otherwise	the registered change(s)	
_//	ture of a member or authorized representative of a member	Nat Sr	mith			
_				Printed or typed name of signed		
provisi the obl to mere notified	by accept the appointment as registered agent and agi ons of all statutes relative to the proper and complete igations of my position as registered agent as provide thy reflect a change in the registered office address, I I in writing of this change.	ree to act i performan d for in Cl hereby con	n this cape nee of my e lapter 605, ifirm that t	acity. I further agree to co duties, and I am familiar w . F.S. Or, if this document the limited liability compar	mply with the ith and accept is being filed by has been	
i- / Van		Secretary				
Signatu	re of Registered Agent					