Fax: 8134365206

Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone : (813)436-5206 Fax Number

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## LLC REGISTERED AGENT CHANGE **BTEH LLC**

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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 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.			
2. (a)		(i	b)	
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300		7901 4th St N STE 300	
	St. Petersburg FL 33702		St. Peter	rsburg FL 33702
	10/03/24		L2400042	5759
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	ECKELS, THOMAS R			
(b) <u>.</u>	Registered Agent and Registered Office shown on the records of			
	11419 W PALMETTO PARK RD			12.5 <b>BS</b>
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u></u>	
	UNIT 970102			PILE FILE
	BOCA RATON FI	33497		TP 및 D
	Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW Registered  7901 4th St N	l Office ac	ldress:	9: 02 STATE STATE
	NEW Registered Office Address:			<del>_</del>
	STE 300	- · ·	<del></del>	<del></del>
	St. Petersburg , FL	33702		
he cha agent w was/we he artis	mited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited limited by an affirmative vote of the members of organization or the operating agreement of the	f the regi ability co of the lin	istered off ompany, i nited liabi	ice and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.  Robin Jones
				Printed or typed name of signee
I herek provisie the obli to mere notifica	oy accept the appointment as registered agent and age ons of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I f in writing of this change.		t in this co tance of m Chapter 6 confirm the	spacity. I further agree to comply with the y duties, and I am Jamiliar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been
	Divid Corets David Roberts - Assistant S	ecretary		
Signatur	e of Registered Agent			