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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107 Phone

: (561)694-1639 Fax Number

\*\*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 NNN BJ'S ORLANDO FL, LLC

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K. SALY JUL 12 2017

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## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

8 P 1

1. The name of the limited fiability company is: NNi	N BI's Orlando FL, LLC
2. (a) Principal office address of the limited liability comapny	
(Note: MUST BE STREET ADDRESS)	SUITE 900
	ORLANDO FL 32801
(b) Mailing address of limited liability company:	450 SOUTH ORANGE AVENUE
(Note: MAY BE POST OFFICE BOX)	SUITE 9000
	ORLANDO FL 32801
12/10/1999	L99000008663
<ol> <li>Date of filling/registration in Florida</li> </ol>	4. Document number
5.(a) Registered Agent and Registered Office shows	n on the records of the Florida Dept. of State:
Registered Agent:	C T CORPORATION SYSTEM
Registered Office Address:	1200 SQUITH PINE ISLAND ROAD
	PLANTATION FL 33324
(b) Enter name of NEW Registered Agent and/or NEW	Registered Office address:
NEW Registered Agent:	Curporate Creations Network Inc.
NEW Registered Office Address:	11380 Prosperity Farms Road #221E
(MUST BE FLORIDA STREET ADDRESS)	
·	Palm Beach Gardens FL 33410
of changes are made, the Florida street address of the registere identical. Or, in the case of a Florida fimited liability companies.	is of the State of Florida, it is hereby confirmed that after the change ed office and the business office of the registered agent will be by, it is hereby confirmed that the change(s) was/were authorized by apany or as otherwise provided in the articles of organization or
I hereby accept the appointment as registered agent and agree of all statutes relative to the proper and complete performance my position as registered agent as provided for in Chapter 60, in the registered office address, I hereby confirm that the limit	e to act in this capacity. I further agree to comply with the provision e of my duties, and I am familiar with and accept the obligations of 5. F.S. Or, if this document is being filed to merely reflect a change ed liability company has been notified in writing of this change.
(Signature of Registered Agent)  By: Savannah Montalban, S  Division of Corporations, P.O.	Box 6327, Tallahassee, FL 32314
INHS18(10/99)	work over y a minustationary a su gradus w
Corporate Creations International Inc.	
11380 Prosperty Farms Road #221E Palm Beach Gardens FL 33410 (561) 694-8107	