2/14/2020

Division of Corporations



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	Fax Number	: (850)617-6383	B
rom:			
	Account Name	: C T CORPORATION SYSTEM	·
	Account Number	: FC400000023	
	Phone	: (614)280-3338	AN IO
	Fax Number	: (954)208-0845	
		s for this business entity to be us	

Email Address:

LLC REGISTERED AGENT CHANGE BMS HOSPITALITY, L.L.C.

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Corporate Filing Menu

O SIMMONS Help FEB 1 7 2020

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.

(a)			(h))		of limited hability company:	
() -	Principal office address of limited liability of (Note: MUST BE STREET ADDRES	əmpariy:				of limited hability company: RE POST OFFICE BOX	
	11625 Rosewood Street, Ste 100	<u></u> ,		11625 Ro	sewood Street, S	Ste 100	
	Leawood, KS 66211			Leawood,	, KS 66211		
	02/20/2006		ļ	M0600000	0972		
	Date of filing/registration in Florid	da 4	۰ ۱.		Document nu	imber	
(2)	LEVIN, ZVI				_		
(a)	Registered Agent and Registered Office shown on th	e records of the f	lorida	Dept. of Sia	ile:		
	Registered Office Address (MUST BE FLORID.	A STREET ADD	RESS)		_	SS 20	
	2070 Ocean Blvd, Apt 3				_	20 F	
	Boen Raton	, FL	31			EB	
(b)						535 A	
(0)	C 1 Corporation System Entername of <u>NEW Registered Agent</u> and/or <u>NEW</u>	V Registered Offi	ce add	lress:		2020 FEB 14 AM 10: 12 SECREMENTS STATE TALLATTISSEE, FL	l,
	NIW Registered Office Address:				_		
	1200 South Pine Island Road				_		
	Plantation	. FL ³³³	24				
e cha gent v	imited liability company is not organized un inge or changes are made, the Florida street vill be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agreer	nder the laws of address of the a limited liabil members of th	of the regis ity co le lim ited l	State of P acred offic mpany, it ited liabili	lorida, it is her ce and the busi is hereby conf ity company or ompany. R R	irmed that the change(r as otherwise provided	s)
	ture of a member or authorized representative of a me				Drinted or trave	d name of signee	

to merely reflect a change in the re-notified in writing of this change. By: L. C. Corporation System Signature of Registered Agent

by Stephanic Bochin, Assistant Secretary

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00