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DATE: 11/24/21

NAME: B.V.L. PROPERTIES, INC.

TYPE OF FILING: CHANGE OF REGISTERED AGENT

COST: 35.00

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ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE attage

COVER LETTER

TO:

Amendment Section Division of Corporations

B.V.L. PROPERTIES INC.	
SUBJECT: B.V.L. PROPERTIES, INC. Name of Corporation	
DOCUMENT NUMBER: M09502	
The enclosed Statement of Change of Registered	Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Fernando Carrillo	
Name of Contact Person	
Firm/Company	
310 Third Ave, Suite AA	
Address	
Chula Vista, CA 91910	
City/State and Zip Code	
fernando@icscpas.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, p	lease call:
Fernando Carrillo	at (619) 422-1348 Area Code & Daytime Telephone Number
Name of Contact Person	Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the I	Department of State.
Mailing Address: Amendment Section	Street Address: Amendment Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

CR2E045 (04/13)

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	nge is submitted for a corporati	617.0502, 607.1508, or 617.1508, Florida S on organized under the laws of the State of $\frac{F}{F}$ or registered agent, or both, in the State of F	lorida
1. The name of t	he corporation: B.V.L. PROPER	RTIES, INC.	
2. The principal	office address: 7901 4th St N Sui	ite 6283, St Petersburg, FL 33702	
4. Date of incorp	oration/qualification: 12/31/198	Document number: M09502	
	street address of the current reg tment of State: (If resigned, ento	gistered agent and registered office on file wit er resigned)	h the
	eResidentAgent, Inc.		. 23
	801 US Highway 1		7021 NOV 21
	North palm Beach, FL 33408		124
6. The name and (if changed):	street address of the new regist	ered agent (if changed) and /or registered off	
	GKL Registered Agents. Inc.		8: 47 :-
	28089 Vanderbilt Dr Suite 201		
	Bonita Springs, FL 34134	P.O. Box NOT acceptable	
· ·		he street address of the business office of its y adopted by its board of directors or by an s been notified in writing of the change.	
aumorized by th	S	Fernando Carrillo, President	
Signatu	re of an officer or director	Printed or typed name and tit	le
I hereby accept I further agree of my duties, an document is bei	the consistment as registered	agent and agree to act in this capacity, of all statutes relative to the proper and come the obligation of my position as registered age in the registered office address, I hereby change.	plete performance l agent. Or, if this y confirm that the
Sain		11/15/2021	
Sig	nature of Registered Agent	Date	
If signing on be	half of an entity:		
Sarina Lish			
1,	yped or Printed Name		

* * * FILING FEE: \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
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