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(Re	equestor's Name)	···					
(Ad	ldress)						
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(City/State/Zip/Phone #)							
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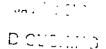
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COVER LETTER

TO:

INHS18 (2/14)

TO: Registration Section Division of Corporations								
SUBJECT: BASS HOLDING COMPANY, LLC								
Name of Lir	nited Liability Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Char	nge and fee(s) are submitted for filing.							
Please return all correspondence concerning this matte	r to the following:							
Joshua A. Payne								
Name of Person								
Firm/Company	·							
740 SE Indian Street								
Address								
Stuart, FL 34997								
City/State and Zip Code								
legal@treatmentllc.com								
E-mail address: (to be used for future annual repo	ort notification)							
For further information concerning this matter, please of	call:							
Joshua A. Payne 7	772 210-7817							
Name of Person	Area Code & Daytime Telephone Number							
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314							
Enclosed is a check for the following amount:								
☑ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy							

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

1. Na	nme of the limited liability company: BASS HOLDII	NG C	OMI	PANY,	, LLC		
2. (a)	770 SE Indian Street	(b) 770 SE Indian Street					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- `	-,	ì	Mailing address of limited lial (Note: MAY BE POST OF		-
	Stuart, FL 34997	_	S	tuart, F	FL 34997		
	40/44/0044	-				<u> </u>	
2	10/14/2014		M1	40000	007444		
3.	Date of filing/registration in Florida	4.			Document number		
5. (a)	ABERNETHY, BRUCE R, JR				-		
	Registered Agent and Registered Office shown on the records of th	ie Florii	da Dep	ot, of Stati	e:		
	130 S. INDIAN RIVER DRIVE SUITE 201	D D D C'6	200		-		
	Registered Office Address (MUST BE FLORIDA STREET AL	DDKES	<u>w)</u>				
	FORT PIERCE, FL 3	34950)		-	19	N. S. C.
(b)	PAYNE, JOSHUA A.					K07 2	
` '	Enter name of NEW Registered Agent and/or NEW Registered ()ffice a	ddres	<u>i</u> :		25	응소[
	740 SE INDIAN STREET					PH I2: 09	- 왕 - 왕 - 왕
	NEW Registered Office Address:				-	60	ATION
	STUART	3499	7		_		•••
	, FL		-		_		
the cha agent v was/we	imited liability company is not organized under the lawsing or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the limited liab	he reg pility of the li	istere comp mited	ed office any, it i Hiabilit	e and the business office s hereby confirmed that y company or as otherw	of the re	gistered ge(s)
6	Mu [MV CFO	Kε	enne	th Sok	olsky, CFO, Auth. R	ep. of N	1br
Signa	ture of a reember or authorized representative of a member				Printed or typed name of sig	znec	
provisi the obl to merc	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I he d'in writing of this change	ortori	mana	o of mi	duties and Lam tamilia	r with am	d accent

Signature of Registered Agent