M16000006521

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DATE: 5/7/20

NAME: BEDROCK PROPERTY MANAGEMENT LLC

TYPE OF FILING: CHANGE OF AGENT

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COVER LETTER

TO:

TO:		tration Section on of Corporations					
SUBJE	CT:	BEDROCK PROPERTY MA	ANAGEMEI	VT L	LC		
	_	Name of Limited Liability Company					
Dear Si	r or M	adam:					
The end	closed	Registered Agent/Registered C	Office Chang	e ano	fec(s) are submitted for filing.		
Please r	return :	all correspondence concerning	this matter t	o the	following:		
Stever	n Fried	man					
		Name of Person					
Platinu	um Fil	ings LLC					
		Firm/Company					
3023 /	Ave J						
		Address					
Brook	dyn, N	Y 11210					
		City/State and Zip Code	2				
agent(e	@plati:	numfilings.com					
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For furt	her in	formation concerning this matt	er, please ca	ll:			
Aaron	Saubo	r	at (7	18	705-9886		
		Name of Person	at (Area Code & Daytime Telephone Number		
	Regis Divis P.O.	ing Address: stration Section ion of Corporations Box 6327 hassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Enclo	sed is a check for the followi	ng amount:				
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INHS18	(2/14)						

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

2. (a)		(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)
	650 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY 100	19	650 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY
	08/11/2016		2417000007521
3.	Date of filing/registration in Florida	- 4.	M16000006521 Document number
	Date of time registration in Florida	7.	botament number
5. (a)	Registered Agent and Registered Office shown on the records of	Dept. of State:	
	Stroud, Rhonda	(D D D 11/10	
	Registered Office Address (MUST BE FLORIDA STREET	2020 HAY	
	201 Sun Terrace Suite D		
	, FI	33613	1
			<u></u>
(b)	Enter name of NEW Registered Agent and/or NEW Registered	t Office ade	lress:
	Enter thank of NEW Registered Agent and/of NEW Registered	r Office auc	
	Platinum Agent Services LLC		
	NEW Registered Office Address:	-	
	155 Office Plaza Dr		
	Tallahassee, FI	32301	
change agent was/w the art	limited liability company is not organized under the large or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability cor of the limi	d office and the business office of the registered npany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
	Nabil Cliya ture of a member or authorized epresentative of a member		Nabil R. Eliya Printed or typed name of signce

I herely accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acce, the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent