Division of Corporations

## Florida Department of State (Invision of Copporations) Electronic Viling Cover Sheet

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(((H170000304483)))



H170000304483ABC

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA00000023
Phone: (614)280-3338
Fax Number: (954)208-0845

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

SESTERNAL PH 12: 28
SESTERNAL PH 12: 28
TALLAHASSEE, FLORIDS

## LLC REGISTERED AGENT CHANGE BHTT ENTERTAINMENT, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Helpt 8 0 2 2017 J. HARRIS

## **COVER LETTER**

	istration Section ision of Corporations	
SUBJECT:	BHTT Entertainment, LLC	·
SOLULCI.	Name of	Limited Liability Company
Dear Sir or l	Madam:	
The enclosed	d Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.
Please returi	n all correspondence concerning this ma	atter to the following:
	Name of Person	
	Firm/Company	
	Address	
	City/State and Zip Code	
E-mail	address: (to be used for future annual r	eport notification)
For further i	nformation concerning this matter, plea	esc call:
	Name of Person	() Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
	REET/COURIER ADDRESS:	MAILING ADDRESS:
	stration Section sion of Corporations	Registration Section Division of Corporations
	on Building	P.O. Box 6327
2661	Executive Center Circle ahassee, Florida 32301	Tallahassee, Florida 32314
Enc	losed is a check for the following amo	ount:
<b>□</b> \$:	25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHS18 (2/14	()	

## 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.

2. (a) _	Principal office address of limited liability company:	(			
	(Note: MUST BE STREET ADDRESS)		o) no chang	Mailing address of limited li (Note: MAY BE POST O	
	12/22/2016	<del></del>	M1600001	0204	
	Date of filing/registration in Florida	- 4.		Document number	<del> </del>
. (a)	• •		•		
. (a)	Registered Agent and Registered Office shown on the records of a CORPORATION SERVICE COMPANY	the Florid	a Dept. of Sta	te:	
	Registered Office Address	DDRES!	<u> </u>	<del></del>	
	1201 HAY\$ STREET	<del>.</del>		_	171
	TALLAHASSEE , FL	32301		_	
					1 57
(b) _	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	_	
		332161 161	**************************************		Se Se
	C T Corporation System			<del>-</del>	$\sim$
	NEW Registered Office Address:				
	1200 South Pine Island Road			_	
	Pluntation	33324			
			<del></del> _	_	
the lin	mited liability company is not organized under the law	s of the	State of Fl	orida, it is hereby confir	med that after
zent wi	nge or changes are made the Florida street address of ill be identical. Or, in the case of a Florida limited lia	bility co	mpany, it i	is hereby confirmed that	the change(s)
ie artic	re authorized by an affirmative vote of the members of the operating agreement of the	limited	liability cor	npany.	vise provided in
<b></b>	4/		ifer Kurz		
-	are of a member or authorized representative of a member			Printed or typed name of si	-
hereby	y accept theleppointment as registered agent and agre ons of all stabiles relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I have the writing of this change.	ee to ac. perform	t in this cap ance of my	oacity. I further agree to duties, and Lam familio	o comply with the ir with and accept
rovișio		trivin in	Chapter 60	5. F.S. Or. if this docun	ieni is being filed
rovisió 1e oblig 1 merej	gations of my position as registered agent as provided y reflect a change in the registered office address, I n	ENCLES	mfirm that	the limited liability con	ipany has béen

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