# M17000007006

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5/7/20

NAME: BEDROCK FISH HAVEN LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

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AUTHORIZATION: ABBIE/PAUL HODGE

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	CT: Bedrock Fish Haven LLC		
	N	lame of Limited	I Liability Company
Dear Sir	r or Madam:		
The enc	losed Registered Agent/Registered (	office Change a	and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to t	he following:
Steven	Friedman		
	Name of Person		
Platinu	ım Filings LLC		
	Firm/Company		
3023 A			
	Address		
Brook	lyn, NY 11210		<del></del>
	City/State and Zip Code	2	
- ~	platinumfilings.com		
E-	mail address: (to be used for future a	innual report ne	otification)
For furt	her information concerning this matt	er, please call:	
Aaron	Sauber	_ at ( 718	705-9886
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration 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
	Enclosed is a check for the followi	ng amount:	
	□ \$25 Filing Fee	0	\$55 Filing Fee & Certified Copy
INHS18	(2/14)		

### STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

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

Principal office address of limited liability compar		
(Note: MUST BE STREET ADDRESS)	ny:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
201 Fish Haven Rd. Auburndale, FL 33823		201 Sun Terrace Suite D Tampa, FL 33613
09/15/2017		
		M17000007006  Document number
trate of fitting/registration in Florida	٦.	Document namoer
gistared Agent and Registered Office chours on the rec	ards of the Florida I	Dont of Stute
	olds of the clottua i	rzept, di State.
	PEET 4DDPECC	
	<u>KEET ADDKESSY</u>	2020 HAY
201 Sun Terrace Suite D		
Tampa	_, FL <u>33613</u>	: 
		<b>-</b>
ter name of NEW Registered Agent and/or NEW Reg	ristered Office add	PASS:
The state of the s	incred Original	ress: , ထု ့ ယ
latinum Agent Services LLC		<u></u> =
EW Registered Office Address:		<del></del>
155 Office Plaza Dr		
Callahassee	,FL 32301	
	O8/15/2017  Date of filing/registration in Florida  gistered Agent and Registered Office shown on the reconstruction of the second Registered Office Address (MUST BE FLORIDA ST. 201 Sun Terrace Suite D)  Tampa  Tampa  Tampa  Terrame of NEW Registered Agent and/or NEW Registered Office Address:  55 Office Plaza Dr	Date of filing/registration in Florida 4.  gistered Agent and Registered Office shown on the records of the Florida Stroud, Rhonda gistered Office Address (MUST BE FLORIDA STREET ADDRESS)  201 Sun Terrace Suite D  Tampa , FL 33613  er name of NEW Registered Agent and/or NEW Registered Office add atinum Agent Services LLC  EW Registered Office Address: 55 Office Plaza Dr

I hereby 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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

Staven Friedman
Signature of Registered Agent