M170000007015

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600344084056

2020 HAY -7 AH 9:31

RECEIVED 2020 MAY - 7 PH 2: (

Ji.S

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

5/7/20

NAME: BEDROCK HIBISCUS LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

Registration Section

TO:

Divis	ion of Corporations				
SUBJECT:	Bedrock Hibiscus LLC				
Sonotic I.	Name of Limited Liability Company				
Dear Sir or M	adam:				
The enclosed	Registered Agent/Registered Offi	ce Change and	fee(s) are submitted for filing.		
Please return	all correspondence concerning thi	s matter to the	following:		
Steven Fried	lman				
	Name of Person				
Platinum Fil	ings LLC				
	Firm/Company		_		
3023 Ave J					
	Address	•••			
Brooklyn, N	IV 11210				
	City/State and Zip Code				
agent@plati	numfilings.com				
	iddress: (to be used for future annual	ual report notifi	cation)		
For further in:	formation concerning this matter,	please call:			
Aaron Saube	:r	at (718	705-9886		
	Name of Person		Area Code & Daytime Telephone Number		
Regis Divis P.O.	ing Address: Stration Section Sion 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 following	amount:			
□ \$2:	5 Filing Fee	□ \$5	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 compassibmits the following statement in order to change its registered office or registered agent, or both, in the State of Florid

(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)
	1 Hibiscus Avenue Mount Dora, FL 32757		201 Sun Terrace Suite D Tampa, FL 33613
	08/15/2017		M17000007015
	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records Stroud, Rhonda Registered Office Address (MUST BE FLORIDA STREE) 201 Sun Terrace Suite D Tampa Enter name of NEW Registered Agent and/or NEW Registered Platinum Agent Services LLC	of State: 2020 HAY -7 AH 9: 31	
	NEW Registered Office Address:		
	155 Office Plaza Dr		
	Tallahassee	FL_32301	
nange gent v as/we e arti	imited liability company is not organized under the or changes are made, the Florida street address of tivil be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the case of organization or the operating agreement of the operating organization or the operating organization organization organization organization organization organization organization organization	he registered liability com s of the limit	office and the business office of the registered opany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
	Wabil Cliya ture of a member or authorized representative of a member		Nabil R. Eliya Printed or typed name of signee

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.

Steven Frisdman
Signature of Registered Agent