## 

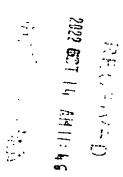
	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(0.1), 0.00.0.2.5
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Certified Copies	
Special Instructions to	o Filing Officer:

Office Use Only



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CUT 1 9 2022

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO	D. : I2000000195							
REFERENC								
AUTHORIZATIO	on Spellera							
COST LIM	IT : \$ <b>1</b> 5.00							
ORDER DATE : October 6, 202	00							
	2.2							
ORDER TIME : 9:12 AM								
ORDER NO. : 993258-005								
CUSTOMER NO: 8392836								
CHANGE OF AGENT								
NAME: BDG INNOVAT	FIONS, LLC							
PLEASE RETURN THE FOLLOWING  CERTIFIED COPY	AS PROOF OF FILING:							
XX PLAIN STAMPED COPY								
CONTACT PERSON: Alexxis Wei	.land							
	EXAMINER'S INITIALS:							

## 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. 1	Name of the limited liability company:  BDG INNOVAT	IONS, l	.LC				
2. (a	6001 OLITEALL CIR						
2. (u	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)_	Mailing address ( <u>Note: MAY</u>		-	
	SACRAMENTO, CA 95828	<u> </u>	s	ACRAMENTO, CA 9	5828		
	06/28/2018	_	M1	8000006050			
<ol> <li>(a)</li> </ol>	Date of filing/registration in Florida INCORP SERVICES, INC.	4.		Document n	umber		
5. (a)	Registered Agent and Registered Office shown on the records of 17888 67TH COURT NORTH	pt. of State:	77. ; ;	2022			
	Registered Office Address (MUST BE FLORIDA STREET)		PC 14				
	LOXAHATCHEE FI	33470				Aii 9:	: 1 0
(b	Enter name of NEW Registered Agent and/or NEW Registered  Corporation Service Company	l Office a	ddres	<u>o</u> :	ا ش	0	
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee, FI	32301					
chang agent was/v	limited liability company is not organized under the lay ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	registe ability of of the li	red o omp mitec	office and the busines any, it is hereby conf I liability company of	s office of irmed that	f the re it the c	egistered hange(s)
/8/ .	78/ Jill Cilmi			Jill Cilmi, Authorized Representative			
Sign	nature of a member or authorized representative of a member	-		Printed or type	ed name of s	signee	
provi. the ol to me	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete oligations of my position as registered agent as provided rely reflect a change in the registered office address, I lead in writing of this change.	ree to ac perforn d for in hereby c	et in t nance Chaj confu	this capacity. I furthe e of my duties, and I o pter 605, F.S. Or, if a rm that the limited lic	er agree t im famili this docu ibility con	o com ar with nent is npany	ply with the and accept being filed has been
	e E. Kirby, Asst. Vice President						

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