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BEDROCK BON BON LLC

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#### **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	CCT: BEDROCK BON BON LLC	C	
	1	Name of Limited	I Liability Company
Dear Si	r or Madam:		
The end	closed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to t	he following:
Steve	n Friedman		
	Name of Person		
Platin	um Filings LLC		
	Firm/Company		
3023	Ave J		
	Address		
Brool	klyn, NY 11210		
	City/State and Zip Coc	le	
	@platinumfilings.com		
E	-mail address: (to be used for future	annual report no	otification)
For fur	ther information concerning this man	iter, please call:	
Aaron	Sauber	at ( 718	705-9886
	Name of Person	•	Area Code & Daytime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ing amount:	
Name of Person  Area Code & Daytime Telephone is  Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Area Code & Daytime Telephone is  Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8			
INHS18	3 (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 compassibility the following statement in order to change its registered office or registered agent, or both, in the State of Florid

2. (a)		(b	)		_	<u></u>
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	:	3	Mailing address of limited l	•	
	201 Palm Drive Tampa, FL 33613		201 Sun Te	errace Suite D Tampa, FL 33613		
	· · · · · · · · · · · · · · · · · · ·	<del></del>	201 341 10	Trace clare to varipa, 133		
	07/26/2018			M18000006876		
<b>.</b>	Date of filing/registration in Florida	<sub>4.</sub> -	<u> </u>	Document number		
	5 0					
(a)	Registered Agent and Registered Office shown on the recor	ds of the Florida	Dept. of State	- ::		
					70	
	Stroud, Rhonda  Registered Office Address (MUST BE FLORIDA STRI	SET ADDRESS	<u>.                                    </u>	•	7020 HAY	
		2837 / 11012 ICI.(11.0)	<del>;</del>			
	201 Sun Terrace Suite D				1	
	Tampa	FL 33613			<u></u>	
					- C	عوب سعان
(b)			<u> </u>		9. . 3	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regis</u>	tered Office add	<u>lress</u> :		· , ==	
	Platinum Agent Services LLC					
	NEW Registered Office Address:					
	155 Office Plaza Dr			•		
	Tallahassee	, FL_32301		-		
hange gent v /as/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membicles of organization or the operating agreement of	f the registere ed liability cor ers of the limi	d office and upany, it is ted liability	I the business office o hereby confirmed that company or as other	f the regis it the char	stered ige(s)
	Nabil Cliya			Nabil R. Eliya		
Circum	ture of a member or authorized epresentative of a member	-		Printed or typed name of		

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 Friedman
Signature of Registered Agent