M1900000 2815

(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



600340389056

02/07/20--01003--029 ++25.00

2020 FFR -7 PM 3: 15

C. GOLDEN

MAR - 5 2020

COVER LETTER . . .

TO:	Registration Section Division of Corporations							
SUBJE	Business Improvement Grou	Business Improvement Group, LLC						
30131	Name of Limited Liability Company							
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offi	ce Change and fee(s) are submitted for filing.						
Please	return all correspondence concerning thi	matter to the following:						
Antho	ony J. DiPaula							
	Name of Person							
Law (Offices of Anthony J. DiPaula, P.A.							
	Firm/Company							
34 S.	Main Street							
	Address							
Bel A	ir, MD 21014							
	City/State and Zip Code							
charl	lieprotzman@biglean.com							
Е	-mail address: (to be used for future annu	al report notification)						
For fur	ther information concerning this matter.	blease call:						
Antho	ony J. DiPaula	410 893.4255 at ()						
	Name of Person	Area Code & Daytime Telephone Number						
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	\$55 Filing Fee & Certified Copy						

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.

l.	Na	me of the limited liability company: Business Im	proven	nent Gro	oup, LLC			
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)				
		1771 Ringling Boulevard, Unit 808		1771	Ringling Boulevard,	ngling Boulevard, Unit 808		
		Sarasota, FL 34236		Sara	sota, FL 34236			
		March 11, 2019		M190	00002815			
3.		Date of filing/registration in Plorida	4.		Document number			
5.	(a)	Registered Agent and Registered Office shown on the records of	f the Flori	da Dent of	State:			
(b)		Lois Donnelly	n ate i ion	ua Dept. or	State.	20		
		Registered Office Address (MUST BE FLORIDA STREET		<u> </u>				
		1771 Ringling Boulevard, Unit 808				2020 FFB - 7	•	
		Sarasota	L 3423	 6		- 7		
	(b)	Jos Danelly	<u>.</u>			PH 3:		
		Enter name of NEW Registered Agent and/or NEW Registers	ed Office a	<u>ddress</u> :		5		
		Lois Donnelly						
		NEW Registered Office Address:						
		Cedars West, 5655 Gulf of Mexico Drive						
		Longboat Key F	1. <u>3422</u>	8				
the age wa the	e cha ent v is/we arti	imited liability company is not organized under the lange or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the members cles of organization or the operating agreement of the ture of a member or authorized representative of a member	of the reg liability of the li e limited	gistered o company, mited lial I liability	ffice and the business off, it is hereby confirmed th bility company or as other	ice of the regi at the changer wise provided	stered (s)	
pro the to no	ovisi e obl merc tifiéd	by accept the appointment as registered agent and agons of all statutes relative to the proper and completigations of my faction as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to a le perfor led for in I hereby	ct in this mance of Chapter confirm t	capacity. I further agree my duties, and I am Jamid 605, F.S. Or, if this doci that the limited liability co	to comply wil iar with and a ment is being ompany has be	th the accept filed een	

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