M19000003362

| (Re | equestor's Name) | |
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| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | 2 #) |
| PICK-UP | MAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | ocument Number) | |
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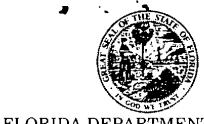


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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 8, 2020

FLORIDA FILING

SUBJECT: BEDROCK LUCERNE LLC

Ref. Number: M17000002335

We have received your document for BEDROCK LUCERNE LLC and your check(s) totaling \$2000.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document number on RA form is belong to different company.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Please

Letter Number: 920A00009468

Thank you!

Keep original file

FLORIDA FILING & SEARCH SERVICES, INC.

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DATE:

5/7/20

NAME:

BEDROCK MH SALES LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

| | Registration Section Division of Corporations | | | | | |
|-----------|--|-----------------------------------|--|--|--|--|
| SUBJE | CT: Bedrock MH Sales, LLC | | | | | |
| | | Name of Limited Liability Company | | | | |
| Dear Sir | or Madam: | | | | | |
| The encl | losed Registered Agent/Registered | Office Change a | nd fee(s) are submitted for filing. | | | |
| Please re | eturn all correspondence concerning | g this matter to th | he following: | | | |
| Steven | Friedman | | | | | |
| | Name of Person | | | | | |
| Platinu | m Filings LLC | | | | | |
| | Firm/Company | · | | | | |
| 3023 A | ave J | | | | | |
| | Address | | | | | |
| Brook | lyn, NY 11210 | | | | | |
| | City/State and Zip Coo | ie | | | | |
| agent@ | platinumfilings.com | | | | | |
| E-1 | mail address: (to be used for future | annual report no | otification) | | | |
| For furth | ner information concerning this ma | tter, 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: | | | | |
| ļ | □ \$25 Filing Fee | 0 | \$55 Filing Fee & Certified Copy | | | |
| INHS18 (| (2/14) | | | | | |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FC LIMITED LIABILITY COMPANY

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

| 2. (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) | | |
| | 650 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY 10019 |) | 650 FIFTH AVENUE, 16T | | | |
| | 0.4/0.7/20.10 | _ | | | | |
| 2 | Date of filing/registration in Florida | . <u>.</u> - | M19000003 | | | |
| 3. | Date of filing/registration in Piorida | 4. | Document nu | ипост | | |
| (b) | Registered Agent and Registered Office shown on the records of the CT CORPORATION SYSTEM Registered Office Address (MUST BE FLORIDA STREET A) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL Enter name of NEW Registered Agent and/or NEW Registered Control of New Registered Control | 33324 | | 2020 MAY -7 AM 10: 29 SECKETARY O'STATE TALL AHASSLE, FLORIDA | | |
| | Platinum Agent Services LLC | | | 6 | | |
| | NEW Registered Office Address: | | | | | |
| | 155 Office Plaza Dr | | | | | |
| | Tallahassee, FL_ | 32301 | | | | |
| change igent w vas/we he arti | mited liability company is not organized under the law or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liab | egistere oility con the limi | d office and the business mpany, it is hereby confi ited liability company or | s office of the register irmed that the change | red (s) | |
| | Wabil Cliya ure of a member or authorized presentative of a member | | Nabil R. Eliya Printed or types | | | |

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