(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:						

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DATE:

5/7/20

NAME: BEDROCK MH SALES II LLC

TYPE OF FILING: CHANGE OF AGENT

COST:

25.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:		tration Section ion of Corporations					
SUBJE	ECT:	Bedrock MH Sales II LLC					
		Name of Limited Liability Company					
Dear Si	ir or M	adam:					
The end	closed	Registered Agent/Registered Of	fice Change	and	fee(s) are submitted for filing.		
Please	return	all correspondence concerning th	nis matter to	the	following:		
Steve	n Fried	lman					
		Name of Person					
Platin	um Fil	ings LLC					
		Firm/Company					
3023	Ave J						
	•	Address					
Brool	klyn, N	NY 11210					
	•	City/State and Zip Code					
agent(@plati	numfilings.com					
		address: (to be used for future an	nual report	notif	lication)		
For fur	ther in	formation concerning this matter	, please cal	l:			
Aaron	saubi	er	at (<u>71</u>	8	705-9886		
		Name of Person	at (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	osed is a check for the following	g amount:				
	□ \$2	5 Filing Fee		□ \$	55 Filing Fee & Certified Copy		
INHS18	S (2/14)		•				

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO

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

2. (a)		(1	b)
2. (a)	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 100)19 	650 FIFTH AVENUE, 16TH FLOOR NEW YORK, NY
	03/20/2017		M17000002335
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records of	a Dept. of State:	
	C T CORPORATION SYSTEM		
	Registered Office Address (MUST BE FLORIDA STREET		
	1200 SOUTH PINE ISLAND ROAD	020	
	PLANTATION , F	L 33324	2020 HAY
(b)	Enter name of NEW Registered Agent and/or NEW Registere		
	Platinum Agent Services LLC		9; - 128
	NEW Registered Office Address:		
	155 Office Plaza Dr		
	Tallahassee, F	L_32301	
change agent v was/w	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register ability co of the lin	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
	Nabil Cliya ture of a member or authorized representative of a member		Nabil R. Eliya
Signa	ture of a member or authorized representative of a member		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 accepte obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file 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