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PICK-UP WAIT · MAIL
(Business Entity Name)
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Sunshine State Corporate Compliance Company

3458 Lakeshore Drive, Tallahassee, Florida 32312 (851) 656-4724

DATE 06/21/2024	_			⇔WALK IN**
ENTITY NAME SEAGA	ATE CLUB MANAGEM	ENT LLC		
DOCUMENT NUMBER				
	PLEASE FILE THE	ATTACHED AND	RETURN	
xxxxxxxx	Plain Copy Certified Copy			
	Certificate of Status			
#:	PLEASE OBTAIN THE FOL	LOWING FOR THE	E ABOVE ENTITY**	
	Certified Copy of Arts &	& Amendments		
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Please call I ina at t	the above number for an	ny issues or cond	cerns. I hank you	a so much!

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.

Na	nme of the limited liability company:	B MANAGEM	IENT LLC	
(a)	3600 Hamlet Drive DELRAY BEACH, FL 33445	(b) 3600 Hamlet Drive DELRAY BEACH, FL 33445		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	05/12/2020		0000004433	
	Date of filing/registration in Florida	4.	Document number	
	Registered Agent and Registered Office shown on the records of COGENCY GLOBAL INC. Registered Office Address		t. of State:	
	TALLAHASSEE	L_32301		
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Platinum Agent Services LLC	d Office address		
	NEW Registered Office Address:			
	155 Office Plaza Dr		<u> </u>	
	Tallahassee, Fl	L 32301		
ange ent v is/we	imited liability company is not organized under the later changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liter authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e registered of ability compa- of the limited	fice and the business office of the registered ny. it is hereby confirmed that the change(s) liability company or as otherwise provided in	
/ Tho	mas Farace	Thomas I		
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee	
ovisi 2 obl mere	by accept the appointment as registered agent and age ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I I'in writing of this change.	ree to act in the performance of for in Chap hereby confir	his capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being file on that the limited liability company has been	
/ Stev	en Friedman			
gnatu	re of Registered Agent			