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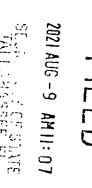
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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates of	of Status
Special Instructions to Fili	ng Officer:	

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BBLbc, LLC	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
Kimberiy Skiba	
Name of Person	
BBLbc, LLC	
Firm/Company	
22 Century Hill Drive, Suite 201	
Address	
Latham, NY 12110	
City/State and Zip Code	
kskiba@bblbuildingco.con	n
E-mail address: (to be used for future ann	
For further information concerning this matter,	, please call:
Kimberly Skiba	at (518) 213-1032
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

INHS18 (2/14)

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

rior				
1,	Name of the limited liability company: BBL	bc, LLC		
2. (a)	(b)		
	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany: Mailing address of limi		
	5217 Tennyson Parkway Suite 500	22 Century Hill Drive	Suite 201	
	Plano Texas 75024	Latham New York 1211	0	
	September 4, 2020	M2000008338	M2000008338	
3.	Date of filing/registration in Florida	4. Document numbe	Г	
<i>- 1</i>	2) CT Corporation System			
5. (Registered Agent and Registered Office shown on the	records of the Florida Dept. of State:		
	1200 South Pine Island Road		,**/`.	
	Registered Office Address (MUST BE FLORIDA .	STREET ADDRESS)	202	
		<u> </u>	<u> </u>	
	Plantation	22224	FILED 2021 AUG -9 AMIII	
	<u>Flantation</u>	, _{FL} 33324		
/1	Registered Agents Inc.	(/ . ር ሚኒ		
(ł	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW F</u>	Registered Office address:	MII: 07	
	7901 4th St N	,	ń 7	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	, FL_33702		
the cagen was/ the a	c limited liability company is not organized under hange or changes are made, the Florida street act will be identical. Or, in the case of a Florida livere authorized by an affirmative vote of the mirricles of organization or the operating agreeme atthew Bette	ddress of the registered office and the business imited liability company, it is hereby confirmed embers of the limited liability company or as or	office of the registered I that the change(s)	
	nature of a member or authorized representative of a memb	ber Printed or typed nam	e of signee	
prov the o to m	reby accept the appointment as registered agent isions of all statutes relative to the proper and c abligations of my position as registered agent as erely reflect a change in the registered office ad judin syiting of this change.	romplete performance of my dulies, and I am la	muuar wun ana acceni	

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent