

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000126096 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

io:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC REGISTERED AGENT CHANGE **BCMS INVESTMENTS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX APR - 5 2023 To:

* .*

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

(a) .	2981 PENN AVE	(b) 29	981 PENN AVE Mailing address of limited liability company:
(α).	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	MARIANNA, FL 32448		ARIANNA, FL 32448
	10/11/2022	M22	2000007527
/n)	Date of filing/registration in Florida ELLISON, ANDREW	4,	Document number
(a)	Registered Agent and Registered Office shown on the records of 2981 PENN AVE	t'the Florida Dep	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)	
	MARIANNA , F	L_32448	
(b)	C T Corporation System		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addres	
	NEW Registered Office Address:		- Th
	1200 South Pine Island Road		~
	Plantation, F		59
cha ent v	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited the authorized by an affirmative vote of the members elegated organization or the operating agreement of the	aws of the Ste of the register liability comp of the limited ie limited liab	ate of Florida, it is hereby confirmed that after red office and the business office of the register pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
) igna	ture of a member or authorized representative of a member		Printed or typed name of signee
iere ivisi	by accept the appointment as registered agent and arons of all statutes relative to the proper and completing tions of my position as registered agent as providely reflect a change in the registered office address.	gree to act in le performanc led for in Cha	this capacity. I further agree to comply with the ce of my duties, and I am Jamiliar with and accu- apter 605, F.S. Or, if this document is being fil-