11/15/24, 9:34 AM

Division of Corporations

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.

(((H24000379908 3)))



H2400037990834BC9

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

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 : (614)280-3338 Phone 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.

-mail Address:				
	imail Ada	drace:		

LLC REGISTERED AGENT CHANGE BBKR DEVELOPMENT PARTNERS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

K. SALY

NOV 18 2024

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.

1. N	ame of the limited liability company: BBKR DEVELO	PMENT PA	ARTNERS, LLC
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)
	3400 PEACHTREE ROAD, STE 715		3400 PEACHTREE ROAD, STE 715
	ATLANTA, GA 30326		ATLANTA, GA 30326
	11/14/2022	Ν	M22000018150
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
5. (a)	Registered Agent and Registered Office shown on the records of ALLEN, CHRIS	the Florida I	
	Registered Office Address (MUST BE FLORIDA STREET) 1067 42ND AVE NE	ADDRESS)	FILED PH 5: 06 TALLAHASSEE FLORIDA
	ST PETERSBURG	33703	TILED ECALASSELIC
(b)	C T Corporation System		PR S
(17)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		ress: OR ID
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation . FL	33324	
the cha agent was/w the art	limited liability company is not organized under the larange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the regist lability con of the limit limited lia	tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
provis the ob- to mer notifie By:	the accept the appointment as registered agent and agentions of all statutes relative to the proper and complete ligations of my position as registered agent as provide cly reflect a change in the registered office address. It is writing of this change. C T Corporation System. Leslie Martin are of Registered Agent	nertorna	mee of my duties, and I am familiar with and accept