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.

(((H23000336427.3)))



H230003364273ABC/

**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 : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

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

Email Address:

## LLC REGISTERED AGENT CHANGE BSX, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 26 2023

	COVER LETTER
TO: Registration Section Division of Corporations	
BSX, LLC SUBJECT:	
	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	: Change and fee(s) are submitted for filing.
Please return all correspondence concerning this r	matter to the following:
Mary Castillo	
Name of Person	
Registered Agent Solutions, Inc.	
Firm/Company	
Corporate Center One, 5301 Southwest Pkwy, Ste 400	
Address	
Austin, TX 78735	
City/State and Zip Code	
E-mail address: (to be used for future annual	Treport notification)
For further information concerning this matter, pk	ease call:
Mary Castillo	888 705-7274 at ( )
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following an	mount:
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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. Na	ame of the limited liability company: BSX, LLC							
2. (a)	3601 C STREET, STE. 1000-37	(h)	(b) 3601 C STREET, STE. 1000-37					
()	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)					
	ANCHORAGE, AK 99503		ANCHORAGE, AK 99503					
	6/13/2023		M2300000	7669				
3.	Date of filing/registration in Florida	4.		Document nun	nber			
5. (a)	COGENCY GLOBAL INC.							
	Registered Agent and Registered Office shown on the records of	the Florida l	Dept. of Sta	le:				
	115 NORTH CALHOUN ST., STE, 4							
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS <sub>1</sub>		_				
10)	TALLAHASSEE FL	32301		_	_	21		
	Registered Agent Solutions, Inc.			_	<u>설</u> 보는	2023 SEP 26	<u></u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office add	ress:			P 2	日本芸	
	2894 Remington Green Ln.					6 AM		
	NEW Registered Office Address:					7:	C	
	Ste. A			<u> </u>	12 2 3 5 7 7 2 3 7 7 2 3 1	2		
	Tallahassee , F1	32308						
change agent v was/wo	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered ability con of the limit	l office an ipany, it is ed liabilit	nd the business of shereby confirming to the business of the b	office of the med that the	ie regi ie chai	stered nge(s)	
M	Christopher Mandregan, Jr.	TDX	Holdings, l	A.C its Member by	Christophe	r Mand	regan, Jr., CE0	
Signat	ture of a member or authorized representative of a member			Printed or typed i	name of sign	iec		
provisi The obli To mere Totified	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I if I in writing of this change,	nertormar	ice of my i	duties and Lan	ı tamiliar :	with a	nd accept	
	Mackenzie Hibler, Asst, Secre	tary						

Signature of Registered Agent