

PD60000 33681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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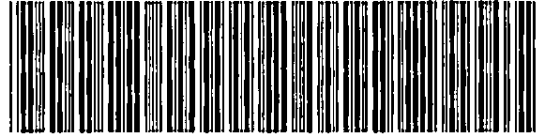
(Business Entity Name)

(Document Number)

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**COVER LETTER**

TO: Amendment Section  
Division of Corporations

SUBJECT: **BMB ENTERPRISES, INC.**

\_\_\_\_\_  
Name of Corporation

DOCUMENT NUMBER: **P06000033681**

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

**Catrina Markwalter**

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Firm/Company

**2220 County Road 210 W, Suite 108, PMB 514**

\_\_\_\_\_  
Address

**Jacksonville, FL 32259**

\_\_\_\_\_  
City/State and Zip Code

**cmarkwalter@taylorenghish.com**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Catrina Markwalter**

\_\_\_\_\_  
Name of Contact Person

at ( **404** ) **640-5929**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**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. Name of the limited liability company: BMB ENTERPRISES, INC.

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

3. 03/07/2006 Date of filing/registration in Florida

4. P06000033681 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Catrina Markwalter  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
1721 Highland View Drive  
St. Augustine, FL 32092

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TALLAHASSEE, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
6595 Collier Road  
St. Augustine, FL 32092

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

MITCHELL M MORRIS  
Printed or typed name of signer

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

[Signature]  
Signature of Registered Agent

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