Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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REGISTERED AGENT CHANGE BBI INTERNATIONAL HOLDINGS, INC.

Certificate of Status	0
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Page Count	01
Estimated Charge	\$35.00

Electronic Filing Menu

Corporate Filing Menu

Help

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of ch	ange is submitted for a corporation	17.0502, 607.1508, or 617.1508, Florida Statutes, the organized under the laws of the State of Florida	is
	the corporation: BBI INTERNATION	registered agent, or both, in the State of Florida.	
		ORE BLVD., 5TH FLOOR, TAMPA, FL 33607	

3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 07/10/2014	Document number: P14000059007	
5. The name and Florida Depar	d street address of the current regis rtment of State: (If resigned, enter	tered agent and registered office on file with the resigned)	2
	Kelly Lefferts		02 ¹
	2202 N West Shore Blvd., 5th Floo	г	2024 JUL 31
	Tampa, FI 33607	-	
6. The name and (if changed):	d street address of the new registere	ed agent (if changed) and /or registered office	AH 9:31
	United Agent Group Inc.		
	801 US Highway 1		
	North Palm Beach, FL 33408	P.O. Box NOT acceptable	
The street addre	ess of its registered office and the be identical.	street address of the business office of its registered	l agent,
Such change wa authorized by th	as authorized by resolution duly and board, or the corporation has be	dopted by its board of directors or by an officer so een notified in writing of the change.	
Adia V	Nyles	Adia Myles, Attorney-in-Fact	
	re an officer or director	Printed or typed name and title	
nereby accept further agree to f my duties, an document is bei corporation has	the appointment as registered ago to comply with the provisions of a d I am familiar with and accept the agolied merely to reflect a chango been notified in writing of this ch	ent and agree to act in this capacity. Il statutes relative to the proper and complete perfo he obligation of my position as registered agent. Of e in the registered office address, I hereby confirm t hange.	rmance r, if this that the
Adia W	lylss Anure of Registered Agent	7/31/2024	
Sigg	Ature of Registered Agent	Date	
f signing on bel	half of an entity:		
Adia Myles, Spec	cial Secretary		
Ту	ped or Printed Name		
	* * * FILIN	IG FEE: \$35.00 * * *	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

CR2E045 (04/13)