## The Color Color Color

(Re	equestor's Name)	
(Ac	idress)	
	ldress)	-
γ		
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
. <u>(</u> Bu	isiness Entity Nan	ne)
		-,
(Do	ocument Number)	
enified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
	Office Use Onl	V



000424229150

2000年1月 福出:10

#. HUNT 03/05/24

## FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 155 Office Plaza Dr Ste A Tallahassee FL 32301 PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

03/05/2024

NAME: B&H FLORIDA MANAGEMENT CORP

TYPE OF FILING: CHANGE OF RA

COST:

35.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

## DocuSign Envelope ID: 88AC3871-74F7-49DE-862C-8C36298FF91C STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	provisions of sections 607.0502, 617.0 ange is submitted for a corporation org		
	er to change its registered office or regi		
1. The name of	the corporation:		
2. The principal SUNNY ISLES	18911 COLLINS AVI office address: 33160	E., UNIT 801	
3. The mailing a	address (if different):		
4. Date of incorp	7/29/2022 poration/qualification:	P22000 Document number:	060483
5. The name and Florida Depar	d street address of the current registered timent of State: (If resigned, enter resignet).	l agent and registered office on file wined)	ith the
	18911 COLLINS AVE., UNIT 80	01	_
	SUNNY ISLES BEACH, FL 33160	)	- - 공
6. The name and (if changed):	d street address of the new registered ag	gent (if changed) and /or registered of	English States
	Paracorp Incorporated		ທີ່
	155 Office Plaza Drive, 1st	: Floor	AHII:
	Tallahassee, FL 32301	Box NOT acceptable	
The street addre as changed will	ss of its registered office and the stree be identical.	et address of the business office of it	s registered agent,
Such change wa authorized by th	s authorized by resolution duly adopt coboard, or the corporation has been r	ed by its board of directors or by an notified in writing of the change.	officer so
	1/h_	President	
_	e (Uran officer Wedirector	Printed or typed name and tit	
l hereby accept of further agree to of my duties, and document is being corporation has	the appointment as registered agent a o comply with the provisions of all sta d I am familiar with and accept the ob ng filed merely to reflect a change in t been notified in writing of this chang	nd agree to act in this capacity. Autes relative to the proper and com pligation of my position as registered the registered office address, I hereb e.	aplete performance A agent. Or if this By Confirm that the
N:Hes	<u></u>	3/4/2004	
Sign	ature of Registered Agent	Date	
f signing on bel	nalf of an entity:		
Laticia He	crea Asst Secretary		

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314 CR2E045 (04/13)

\* \* \* FILING FEE: \$35.00 \* \* \*