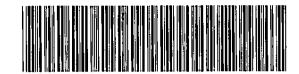


(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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## COVER LETTER

TO: Registration Section

INHS18 (2/14)

Divi	sion of Corporations			
SUBJECT:	Bapop Holdings, Inc			
	Name of Limited Liability Company			
Dear Sir or M	Madam:			
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.	
Please return	n all correspondence concerning th	is matter to the	following:	
Melissa M	asiello			
	Name of Person		_	
Варор Но	ldings, Inc			
	Firm/Company		<del></del>	
5464 Lena	a Road			
	Address		_	
Bradenton	ı, FL 34211			
	City/State and Zip Code		_	
	@charteronehotels.com		_	
E-mail	address: (to be used for future and	nual report notifi	cation)	
For further in	nformation concerning this matter.	please call:		
Melissa M	asiello	941 at (	907-9017	
	Name of Person		Area Code & Daytime Telephone Number	
Regi Divi Clift 2661	stration Section sion of Corporations on Building Executive Center Circle phassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations O. Box 6327 Value of Box 6327 Value of Box 63214	
Encl	losed is a check for the following	amount:		
<b>2</b> \$2	25 Filing Fee	<b>□</b> \$5	5 Filing Fee & Certified Copy	



November 14, 2017

MELISSA MASIELLO 5464 LENA RD BRADENTON, FL 34211

SUBJECT: BAPOP HOLDINGS, INC.

Ref. Number: \$88715

We have received your document for BAPOP HOLDINGS, INC. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above entity is a Florida corporation and the document and fee submitted are for a Florida limited liability company. The correct form is enclosed and an additional filing fee of \$10.00 is due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 217A00023038

www.sunbiz.org

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

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of in order to change its registered office or registered agent, or both, in the State of Florida.
1. The name of the corporation: Bapap Holdings, Inc
2. The principal office address: S964 lega RO BYAGENTAN, Mc 39811
3. The mailing address (if different):
4. Date of incorporation/qualification: 10/21/91 Document number: 588715
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)
John W. Ballicer
6731 Professional Pkwy Wasterw:
Sarasota, Fd 34840 FF TI
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):
John W. Balliett (nochange)
BUGY Lega Rd PO Box NOT accentable
Bradenton, Fr 3421,
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the poard, or the corporation has been notified in writing of the change.
Signature of an officer or director  To how Ballight ProSident
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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.
11/29/17
Signature of Registered Agent  Date  Date
If signing on behalf of an entity:
Typed or Printed Name

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

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