Name and Address of Current Registered Agent:				
ER LEON BLVD , FL 33146 US				
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				
JENNIFER DURAN			01/13/2021	
Electronic Signature of Registered Agent			Date	
Electronic Signature of Registered Agent erson(s) Detail :			Date	
5 5 5	Title	MGR	Date	
erson(s) Detail :	Title Name	MGR BOSCHETTI, LUIS R	Date	
, ;	ER LEON BLVD FL 33146 US ntity submits this statement for the purpose of changing its regis	ER LEON BLVD FL 33146 US ntity submits this statement for the purpose of changing its registered office or regist	ER LEON BLVD FL 33146 US ntity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Flo	

Current Mailing Address:

PO BOX 330967

FEI Number: 27-3489676

. . . . A Decistered A Na

City-State-Zip: MIAMI FL 33233

I hereby o oath; that that my na

SIGNATURE: LUIS R BOSCHETTI

Date

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000097746

Entity Name: BCP REGIONAL, LLC

Current Principal Place of Business:

4225 PONCE DE LEON BLVD CORAL GABLES, FL 33146

MIAMI, FL 33233 US

certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under at I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and name appears above, or on an attachment with all other like empowered.			
NATURE: LUIS R BOSCHETTI	MGR	01/13/2021	

Electronic Signature of Signing Authorized Person(s) Detail

FILED Jan 13, 2021 **Secretary of State** 4313286361CC

Certificate of Status Desired: No

City-State-Zip: MIAMI FL 33122