23-Aug-2018 13:36

8/23/2018



Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6380

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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REGISTERED AGENT CHANGE BOOMBAH, INC.

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F14000003753

COVER LETTER

TO:

Amendment Section Division of Corporations

SURJECT. BOOMBAH, INC

Name of Corporation

DOCUMENT NUMBER:

F14000003753

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:

AMY GAINES

Name of Contact Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd, Ste 300

Address

Austin, TX 78744

City/State and Zip Code

notices@rasi.com

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

For further information concerning this matter, please call:

AMY GAINES

, 888 ,

705-7274

Name of Contact Person

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

F14000003753 STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.050 statement of change is submitted for a corporation organ in order to change its registered office or regist	nized under the laws of the State of LL	LINOIS
1. The name of the corporation: BOOMBAH, IN	IC.	
2. The principal office address: 202 BOOMBA	HBLVD.	
YORKVILLE IL	60560	·····
3. The mailing address (if different):		
4. Date of incorporation/qualification: 09/05/2014	4 Document number: F14000	0003753
5. The name and street address of the current registered a Florida Department of State: (If resigned, enter resigned	_	the
NORTHWEST REGIST	ERED AGENT LLC	
3030 N.ROCKY POINT	DR., STE.150A	20
TAMPA, FL 33607	TAMPA, FL 33607	
6. The name and street address of the new registered age (if changed):	nt (if changed) and /or registered office	ω_{ij}
Registered Agent Solutions,	Inc.	P (
155 Office Plaza Dr., Suite A		E 2
P.O. Box NOT Tallahassee, FL 32301	l'acceptable	
	11.12	
The street address of its registered office and the street as changed will be identical.	address of the business office of its re	egistered agent,
Such change was authorized by resolution duly adopted authorized by the board, or the corporation has been no	by its board of directors or by an off tified in writing of the change.	icer so
S Julie Schlichting	Julie Schlichting,	Secretary
I hereby accept the appointment as registered agent an I further agree to comply with the provisions of all stat performance of my duties, and I am familiar with and a agent. Or, if this document is being filed merely to refl hereby confirm that the porporation has been notified i	d agree to act in this capacity. utes relative to the proper and comple accept the obligation of my position as ect a change in the registered office a	s revistered
	08/23/2018	
Signands of Registered Agent If signing on behalf of an entity:	Date	
Justine Karnell - Assistant Secretary		
Typed or Printed Name * * * FILING FE	T. C25 AA * * *	
PERMITTEE PERMIT	14/4 サ マリン・UV	