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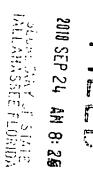
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SEP 20 2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. No	ame of the limited liability company:	Bigbull Motorcycles LL	.c	
2. (a)		(b)		
/	Principal office address of limited list (Note: MUST BE STREET AL 2057 Showlere		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)	
	Hudson, Florida, 34669			
	03-10-2009		L-9000023407	
3.	Date of filing/registration in	Florida 4.	Document number	
5. (a)	Bigbull Motorcycles LLC			
, ,	Registered Agent and Registered Office shows	n on the records of the Florida	Dept. of State:	
	Registered Office Address (MUST BE FL	ORIDA STREET ADDRESS)		
	120th 50-Shadow-ridge blvd		low Ridge Blue Hue 2466 19	$= l_c$
	Hudson	FI, 34669	346614	
(b)	NEW REGISTERED OFFIC	E ADDRESS	24 355E	
(0)	Enter name of NEW Registered Agent and/or	NEW Registered Office add	tress:	
	Bigbull Motorcycles LLC		CS &	
	NEW Registered Office Address:			
	5125 4TH AVE NORTH			
	ST.PETERSBURG	, FL 33710		
16 .1- 1	and the later			
agent w	age or changes are made, the Florida s ill be identical. Or, in the case of a Fi	treet address of the regist orida limited liability cor f the members of the limi	State of Florida, it is hereby confirmed that after tered office and the business office of the registered impany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in liability company.	
	Ch. With		Asger Wettergren	
	ire of a member or authorized representative o		Printed or typed name of signee	
I hereb provision the oblination to mere notified	y accept the appointment as registered ins of all statutes relative to the prope eations of my position as registered as by reflect a change in the registered of in writing of this change.	I agent and agree to act is r and complete performa zent as provided for in Ci fice address, I hereby con	in this capacity. I further agree to comply with the ince of my duties, and I am familiar with and accept hapter 605, F.S. Or, if this document is being filed infirm that the limited liability company has been	
Signature	of Registered Avent			