## 15000/21664

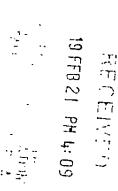
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nam	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		i		

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K. SALY FEB 22 2019 CORPORATION SERVICE COMPANY
1201 Hays Street
Tallhassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : \$8800 7531940

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE : February 19, 2019

ORDER TIME : 9:59 AM

ORDER NO. : 638800-005

CUSTOMER NO: 7531940

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## CHANGE OF AGENT

NAME: BO DIDDLEY, LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER:

## COVER LETTER

TO: Registration Section Division of Corporations				
BO DIDDLEY, LLC				
N	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the following:			
Kendall Minter, Esq.				
Name of Person				
Taylor English Duma LLP				
Firm/Company	<del></del>			
5398 E. Mountain Street				
Address				
Stone Mountain, GA 30083				
City/State and Zip Code	<del></del>			
kminter@taylorenglish.com; Mmcmorries@t	aylorenglish.com			
E-mail address: (to be used for future a	nnual report notification)			
For further information concerning this matt	er, please call:			
Kendall Minter	404 640-5962 at ( )			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
Enclosed is a check for the followi	ng amount:			
S25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

## 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.

l. Na	ame of the limited liability company: BO DIDDLEY, L	LC _	
2. (a)		(b	b)
. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	5398 E. Mountain Street	_	5398 E. Mountain Street
	Stone Mountain, GA 30083	_	Stone Mountain, GA 30083
	07/15/2015	<b>_</b> .	L15000121664
<b>}</b> .	Date of filing/registration in Florida	4.	Document number
5. (a)	Littell, Charles W		
	Registered Agent and Registered Office shown on the records of	the Florida	a Dept. of State:
	2234 NW 40TH TERRACE		
	Registered Office Address (MUST BE FLORIDA STREET)	1 <u>DDRESS</u>	Σ
	SUITE B		
	Gainesville , FL		
(b)	Corporation Service Company		SSS
	Enter name of NEW Registered Agent and/or NEW Registered	Office add	TILE 21 M 1 28  CAHASSEE, FLORIT
	1201 Hays Street  NEW Registered Office Address:		
	Tallahassee , FL		
he cha gent v vas/wo	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative rote of the members of cles of organization of the operating agreement of the	vs of the the regis sbility co f the lim limited l	State of Florida, it is hereby confirmed that after stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
Signal	ture of a member or authorized representative of a member	Meli	Printed or typed name of signee
l herel Provisi he obl o mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the change of this change?	ee to act performa I for in C tereby co	t in this capacity. I further agree to comply with the
K	Wance Line		Roxanne Turner
Signatu	re of Registered Agent Corporation Service Company	BY:	Asst. Vice President
	Division of Corporations P.O. B	3ox 6327	7● Tallahassee, FL 32314