

L16000112778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

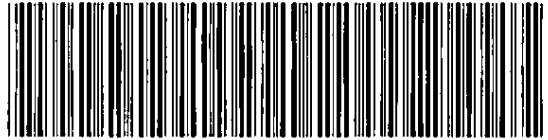
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Wmills

Office Use Only



100416186031

09/25/23--01022--025 ♦♦25.00

2023 SEP 25 AM 11:13
FILED

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: AGUA LIME, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JULIE KESSEL
Name of Person

Firm/Company

851 35TH AVENUE
Address

St. Petersburg, FL 33704
City/State and Zip Code

john@cartierpas.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Cartier at (727) 822-8800
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: BLUE NIGHT OWL, LLC

2. (a) BLUE NIGHT OWL, LLC (b) SAME

Principal office address of limited liability company:
*(Note: **MUST BE STREET ADDRESS**)*

851 35TH AVE N
ST. PETERSBURG, FL 33704

Mailing address of limited liability company:
*(Note: **MAY BE POST OFFICE BOX**)*

08/18/2023 4. L16000112778

3. Date of filing/registration in Florida 4. Document number

5. (a) REGISTERED AGENTS INC.

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

7901 4TH STREET NORTH
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
SUITE 300
ST. PETERSBURG, FL 33702

(b) JOHN C. CARTIER
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5737 9TH AVE N
NEW Registered Office Address:
ST. PETERSBURG, FL 33710

FILED
 2023 SEP 25 AM 11:12
 SEC. OF STATE
 TALLAHASSEE, FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Julie Kessel
Signature of a member or authorized representative of a member

JULIE KESSEL
Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Julie Kessel
Signature of Registered Agent