Florida Department of State Division of Commations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H220000839313)))



H220000839313ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

annual report mailings. Enter only one email address please.	** **	2
Email Address:	<u>:</u>	
		<u>+</u> -
		_0

LLC REGISTERED AGENT CHANGE **CUBBISON, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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: Cubbi	son, LLC	
2. (a	7256 NW 123RD AVE	_(b) 7256	NW 123RD AVE
	Principal office address of limited liability compan (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)
	PARKLAND, FL 33076	PARKL	AND. FL 33076
	10/18/16	L1600	00192426
3.	Date of filing/registration in Florida	4.	Document number
5. (2	AARON CUBBISON		
	Registered Agent and Registered Office shown on the reco	ords of the Florida Dept. of Sta	ite:
	7256 NW 123RD AVE		_
	Registered Office Address (MUST BE FLORIDA STR	REET ADDRESS)	
	PARKLAND	33076	_
(b	Registered Agents Inc.		2022 MAR
	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	
	7901 4th St N		AND ALED LED SECTO
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	FL_33702	
the ch agent was/v	limited liability company is not organized under the sange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membricles of organization or the operating agreement of	ess of the registered offic ted liability company, it bers of the limited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
<u>K</u>	iley tark.	Riley Park	
•	lature of a member or authorized representative of a member		Printed or typed name of signee
provi: the ol to me	eby accept the appointment as registered agent an sions of all statutes relative to the proper and comp digations of my position as registered agent as pro- rely reflect a change in the registered office addres ed in writing of this change.	plete performance of my ovided for in Chanter 6D	duties, and I am familiar with and accept 5 F.S. Or if this document is being filed.
jee 1	Bill Havre - Assis	stant Secretary	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent