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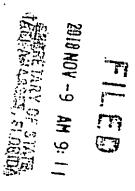
(Requestor's Name)		
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COVER LETTER

Division of Corporations			
SUBJECT: Beach Bunny Bakery LCC 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:			
Stacie Merriman Name of Person			
Beach Burny Bahery LCC Firm/Company			
13089 Wexford Hollow Rd. N Address			
Jacksonville, FL 32224 City/State and Zip Code			
Stace Merriman a yakoo com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Stacie Merriman at 904) 316-2766 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 following amount:			
\$25 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: Beach F 2. (a) 13089 Wexford Hollow Rd. N(b)	Bunny Bakery LLC
2. (a) 13089 Wexford Hollow Rd. No.	13089 Wexford Hollow RO. n
Principal office address of limited liability company;	Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS)	(Note: MAY BE POST OFFICE BOX)
Judisonville, FL 32224	Tachsonville FL 32224
1-17-2018	L18000015038
3. Date of filing/registration in Florida 4.	Document number
5. (a) <u>United States</u> , Corporation	Agents Inc.
Registered Agent and Registered Office shown on the records of the Florida I	Dept. of State:
13302 Winding Oak C	ourt A
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
Tan 100 22	(.12
Tampa , FL 33	<u> ((</u>
(b) Stacie Merriman	
Enter name of NEW Registered Agent and/or NEW Registered Office addr	ress:
13089 Wexford Hollow	RON SE M
NEW Registered Office Address:	
Jacksonville 3	771//
Jacksonville FL 3	
If the limited liability company is not organized under the laws of the S	State of Florida, it is harnhy and found that to
If the limited liability company is not organized under the laws of the S the change or changes are made, the Florida street address of the register	ered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liability con	nnany it is hereby confirmed that the change(s)

iffirmative 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.

Signature of a member or authorized representative of a member

Merron

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.

Signature of Registered Agent