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From:

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Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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MAY 1 1 2020

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

of the limited liability company: BIG BOX B	SOOKS LL	C
8 E SOUTH STREET	(b) 618 E SOUTH STREET	
Principal office address of limited liability company.		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BQX)
	SHIS	TE 500
RLANDO, FL 32801	ORL,	ANDO, FL 32801
/27/2018	L180	00052344
Date of filing/registration in Florida	4.	Document number
ASEBOLT, PETER		
istered Agent and Registered Office shown on the records of the	he Florida Dept, ot	(State:
L8 E SOUTH STREET		ZOZO HAY SECRETA ALL AHAS
gistered Office Address (MUST BE FLORIDA STREET A	DDRESS)	
UITE 500		IN -8
rlando, FL_	32801	• • • • • • • • • • • • • • • • • • • •
orthwest Registered Agent L	.LC	AM SO 02 FLORIDA
****		72
901 4th St N		
W Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
TE 300		<u></u>
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) UITE 500 RLANDO, FL 32801 /27/2018 Date of filing/registration in Florida ASEBOLT, PETER istered Agent and Registered Office shown on the records of the stered Agent and Registered Office shown on the records of the stered Office Address UITE 500 rlando rl	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) UITE 500 RLANDO, FL 32801 ORL 227/2018 Date of filing/registration in Florida ASEBOLT, PETER istered Agent and Registered Office shown on the records of the Florida Dept. or 1.8 E SOUTH STREET Instered Office Address UITE 500 rlando orthwest Registered Agent and/or NEW Registered Office address: 901 4th St N W Registered Office Address:

Morgan Noble

Signature of a rumber or authorized representative of a member

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.

Lom Glover - Assistant Secretary

Signature of Registered Agent