

L18000191718

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

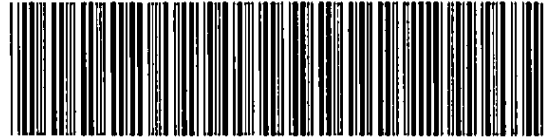
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000328977040

05/06/19--01043--011 **25.00

APPROVED
AND
FILED
2019 MAY -6 PM 3:14
MICHIGAN STATE
OFFICE OF REGISTERED
MICHIGAN STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BARRY AVE. 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:

TRACEY MULLER

Name of Person

BARRY AVE. LLC

Firm/Company

565 BARRY AVE

Address

LITTLE TORCH KEY, FL 33042

City/State and Zip Code

Tracey@pammersresort.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Geoffrey Muller

at (207)

4159321

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

\$55 Filing Fee & Certified Copy

REGISTRATION SECTION
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2019 MAY - 6 PM 3: 14

APPROVED
AND
FILED

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: BARRY AVE. LLC

2. (a) BARRY AVE, LLC (b) C/O PARMERS RESORT

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

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

565 BARRY AVE
LITTLE TORCH KEY, FL 33042

565 BARRY AVE
LITTLE TORCH KEY, FL 33042

3. 8/10/2018 Date of filing/registration in Florida 4. L18000191718 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ALDEN TARR
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*
550 BARRY AVE
LITTLE TORCH KEY, FL 33042

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

TRACEY MULLER
NEW Registered Office Address:
565 BARRY AVE
LITTLE TORCH KEY, FL 33042

APPROVED,
AND
FILED
2019 MAY -6 PM 3:14
STATE OF FLORIDA
TALLAHASSEE

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.

Cheryl Soones
Signature of a member or authorized representative of a member

CHERYL SOONES, MGR
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.

Tracey Muller
Signature of Registered Agent