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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : 120090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

프로Email Address:_

LLC REGISTERED AGENT CHANGE **BATCO LLC**

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May 09, 2021 04.43 . To -18506176383 Page: 2/2 Fai 18134365206

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. 1	Same of the limited liability company: BATCO LLC			
2. (a	7901 4th St N	4th St N (b) 7901 4th St N		
	Principal office address of limited hability company: (Note: MUST BE STREET ADDRESS)	Marting	g address of limited liability company: e: MAY BE POST OFFICE BOS	
	STE 300	STE 300		
	St. Petersburg FL 33702	St. Petersburg FL	_ 33702	
	06/08/21	L21000267031		
3.	Date of filing/registration in Florida	4. Doct	iment number	
5. (a	UNITED STATES CORPORATION AGENTS, INC.			
(*	Registered Agent and Registered Office shown on the records of t	he Florida Dept, of State		
	476 Riverside Ave.			
	Registered Office Address (MUST BE FLORIDA STREET)	DDRESS)	2	
			超量 九	
	Jacksonville . FL	32202	題をド	
(h	Registered Agents Inc	-	PLECE PR 3: 06 SECULIARISSEE FLORID	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	7901 4th St N		06	
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	33702		
the chagent was/v	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the ease of a Florida limited liakere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the registered office and bility company, it is here it the limited liability company imited liability company Robin Jones	the business office of the registered by confirmed that the change(s) apany or as otherwise provided in	
I her provi: the ol, to me, notific	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete shigations of my position as registered agent as provided rely reflect a change in the registered office address. I have in writing of this change. David Roberts - Assistant Se	ve to act in this capacity, performance of my duties for in Chapter 605, F.S, ereby confirm that the lir	I further agree to comply with the sand I am lamiliar with and accept	