7/8/25**•**1:47 PM Division of Corporations

> 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.

> > (((H25000239572 3)))



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 :

Account Number : 120090000081

Phone

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.

Email	Address:	

LLC REGISTERED AGENT CHANGE THE SCENTED BARN, LLC

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

K. SALY

JUL - 9 2025

Electronic Filing Menu

Corporate Filing Menu

Help

Jul 08, 2025 19.52 To: +18506176383 Page: 2/2 Fax 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. N	ame of the limited liability company:	BARN LLC	
2. (a)		(b)	
- ,,,	Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	80713 Penny Surf Loop		30713 Penny Surf Loop
	Wesley Chapel Florida 33545	Wesl	ey Chapel Florida 33545
	09/09/22	L2200	0394354
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	INC AUTHORITY RA		
	Registered Agent and Registered Office shown on the records of	the Florida Dept. (of State:
	390 NORTH ORANGE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET		
	STE 2300-N		
	ORLANDO	32801	
(b)	Northwest Registered Agent LLC		FILE B PH 2: 57
	Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4th St N		FILED 2:57
	NEW Registered Office Address:		•
	STE 300		_
	St. Petersburg, FI	33702	
the cha agent was/wa the art	imited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the last of the list of the	f the registered iability compan of the limited li	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
	ture of a member or authorized representative of a member	——————————————————————————————————————	Printed or typed name of signce
I here provisi the obi	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d'in writing of this change.	opriornance o	s capacity. I further agree to comply with the of my duties, and I am familiar with and accept
<u>-/v-</u>	Taylor Newman - Assistant S	ecretary	
Signatu	ire of Registered Agent		