

L17000009444

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

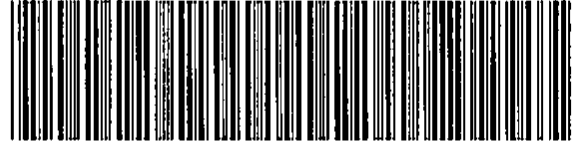
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2017 DEC -1 PM 1:33

DEC 01 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BOLT PUBLISHING, 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:

JEREMY CROSTON
Name of Person

BOLT PUBLISHING, LLC
Firm/Company

867 DIANE DRIVE
Address

ALTAMONTE SPRINGS/FL 32701
City/State and Zip Code

BOLTBOOKSPUB@GMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JEREMY CROSTON at (407) 580-8453
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 14, 2017

JEREMY CROSTON
867 DIANE DRIVE
ALTAMONTE SPRINGS, FL 32701

SUBJECT: BOLT PUBLISHING, LLC
Ref. Number: L17000009444

We have received your document for BOLT PUBLISHING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris
Regulatory Specialist II

Letter Number: 917A00023037

2017 DEC -1 AM 11:28

TALLAHASSEE, FLORIDA

2017 DEC -1 PM 1:33

1-1

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: BOLT PUBLISHING, LLC

2. (a) 478 EAST ALTAMONTE DR. (b) 478 EAST ALTAMONTE DR.

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

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

SUITE 108 #782

SUITE 108 #782

ALTAMONTE SPRINGS, FL 32701

ALTAMONTE SPRINGS, FL 32701

1/11/2017

L17000009444

3. Date of filing/registration in Florida

4. Document number

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

989 WEST KENNEDY BLVD

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

101

ORLANDO, FL 32810

(b) STEPHANIE CROSTON

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

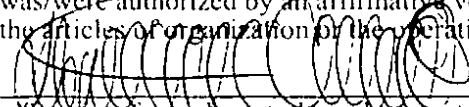
867 DIANE DRIVE

NEW Registered Office Address:

ALTAMONTE SPRINGS, FL 32701

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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.

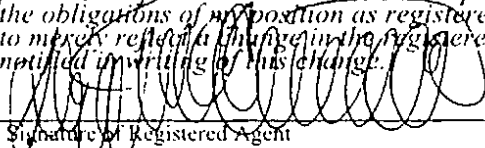


Signature of a member or authorized representative of a member

STEPHANIE CROSTON

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