L01000001476

	<u> </u>				
(Requestor's Name)				
(Address)					
(Address)					
	•				
	City/State/Zip/Phone #)				
(City/State/Zip/Prione #)				
PICK-UP	☐ WAIT	MAIL			
	Business Entity Name)				
(business Endty Name)				
(Document Number)					
Certified Copies	Certificates of Status				
Special Instructions	to Filing Officer:				

Office Use Only

500278514485

10/28/15--01005--025 **25.00

15 OCT 28 AH 3: 08
SECRETARY OF STATE
TALLAHASSEF, FI OBIN

OCT 29 2015 J SHIVERS COVER LETTER **

TO: Registration Section Division of Corporations	· "				
SUBJECT: Big D, LLC					
	imited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	er to the following:				
Jose H. Cortes, Jr., Esquire					
Name of Person					
Blanchard, Merriam, Adel & Kirkland, P.A.					
Firm/Company					
Post Office Box 1869					
Address					
Ocala, FL 34478-1869					
City/State and Zip Code					
JCortes@BMAKLaw.Com					
E-mail address: (to be used for future annual rep	ort notification)				
For further information concerning this matter, please	call:				
Terri L. Witherspoon, C.L.A.	352 732-7218				
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				

INHS18 (2/14)

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. Na	ame of the limited liability company: Big D, L	LLC			
2. (a)	4480 NE 35th Street, Ocala, FL 34479	9 (b) 4480 NE	E 35th Street, Oc	ala, FL 34	479
(-)	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)		Mailing address of limite (Note: MAY BE POS		-
	4480 NE 35th Street	4480 NE	35th Street		
	Ocala, FL 34479	Ocala, F	L 34479		-
	January 29, 2001	L010000)1476		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	William Allan King				
** (u)	Registered Agent and Registered Office shown on the rec	cords of the Florida Dept. of State	- 9:		
	1531 SE 36th Avenue, Ocala, FL 344	71		<u> </u>	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•	15 SEC	
	1531 SE 36th Avenue			<u> </u>	;
	Ocala	, _{FL} 34471		5 OCT 28 , ECRETARY LAHASSEI	essaure.
(b)	Jose H. Cortes, Jr., Esquire Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	gistered Office address:		## 3: 0F SI S FLO	
	4 SE Broadway Street, Ocala, FL 344	l71		OS ATE ATE ATE A	
	NEW Registered Office Address:				
	4 SE Broadway Street				
	Ocala	, _{FL} _34471			
the charagent was/we the artic	mited liability company is not organized under nge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida limbre authorized by an affirmative vote of the menticles of organization or the operating agreement ure of a member or authorized representative of a member or accept the appointment as registered agent as	lress of the registered office nited liability company, it is inbers of the limited liability of the limited liability com Thomas M. D	and the business of hereby confirmed the company or as other pany. Printed or typed name of	fice of the rehat the changerwise provide	gistered se(s) led in
попутеа	by accept the appointment as registered agent a cons of all statutes relative to the proper and congetions of my position as registered agent as ply reflect a change in the registered office address of this change. The of Registered Agent	mplele performance of my a rovided for in Chapter 605, ress, I hereby confirm that i	luties, and I am fami F.S. Or, if this doc he limited liability c	tiliar with and cument is bein company has	d accept ng filed been
		D.O. D. (167 77 11)	DI 04044		
	Di√ision of Corporations• FILI	P.O. Box 6327● Tallahass ING FEE: \$25.00	see, FL 32314		