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Special Instructions to Filing Officer:									
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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI			
	Name	of Limited Liability Company	
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning this	matter to the following:	
Patrio	ck G. Gilligan		
	Name of Person		
Gillig	an, Gooding & Franjola P.A.		
	Firm/Company		
1531	SE 3 6 Avenue	<u> </u>	
	Address		- B
Ocala	a Florida 34471		1
	City/State and Zip Code		To the
pgillig	gan@ocalalaw.com		できる。
E	E-mail address: (to be used for future annua	al report notification)	<u> </u>
For fu	rther information concerning this matter, pl	lease call:	
Patrio	ck G. Gilligan	352 867-7707	
	Name of Person	Area Code & Daytime Telep	hone 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 a	mount:	
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	
INHS1	8 (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.

. Na	me of the limited liability company: Big D, LLC							
(a)	4480 NE 35th Street, Ocala, FL 34479	(1	o)					
(a) .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
		_						
	01/29/2001	_	L010000	001476				
	Date of filing/registration in Florida	4.		Documer	t numbe	r		
. (a)	Jose H. Cortes, Jr., Esq.							
` '	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of St	ate:				
				_				
	Registered Office Address (MUST BE FLORIDA STREET A 4 SE Broadway Street	<u>ADDRES</u>	<u>s)</u>					
	Ocala	34471						
(b)	Patrick G. Gilligan, Esq.			_ _		2018 001	A THE CONTRACT OF THE CONTRACT	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	<u>ldress</u> :		ĉ	<u></u> i	and the same of th	
	Gilligan, Gooding & Franjola, PA					Ţ.	* ∞q ly ∎	
	NEW Registered Office Address:				\$	# .		
	1531 SE 36 Avenue			_	73 73 74			
	Ocala	34471			, p			
ne cha gent v as/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative yote of the members of cles of organization or the operating agreement of the	the regability confitted in the confiture of the line	istered offi ompany, it nited liabil	ice and the l is hereby c lity compan	ousiness confirmed	office of that the	of the registere ne change(s)	
	Am Maust	Pa	trick G. C	Gilligan				
Signat	ture of a member of authorized refresentative of a member			Printed or	typed nam	e of sign	ee	
rovisi ie obl merc	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.	ree to ac perforn d for in hereby c	et in this ca nance of m Chapter 60 confirm tha	spacity. I fi y duties, an 05, F.S. Or at the limite	irther ag d I am fa , if this d d liabilit	ree to c miliar locumei y comp	comply with th with and acce nt is being file any has been	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

of Registered Agent