L03000H3H20

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

Office Use Only



800305131988

11/03/17--01029--022 **\$5.00

海II NOV -3 P I: 16

FILED

D SCOTT NOV 6 2017

COVER LETTER

Division of Corporations
SUBJECT: 38 SPAINKCERS, 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:
TYLER HAMMOND Name of Person
StB SPRINKLENS, LLC Firm/Company
1672 Country wood Street Address Address
City/State and Zip Code Tom 77 b B to YA 400. COM
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
THOMAS SANTU at (777) 735. 9399 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
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. 11111	me of the limited liability company: BFB SPA 1672 LOUNTRY WOOD STREET TARAON. Rejected of the limited liability company.	(Drin	15 PL 34639			
2. (a) /	672 COUNTRY WOOD STAFET	(b	16m GUNTAYU	1000 ST 1AR		
ŕ	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		-				
			L03000043	420	2	
3.	Date of filing/registration in Florida	4.	L 0 30000 4 3 Documen	nt number		
5. (a)	THOMAS BARTO 1924 BEEKET & CAKE Registered Agent and Registered Office shown on the records of the	Dr. e Florida	CUPANUATER Dept. of State:	A33763		
	Registered Office Address (MUST BE FLORIDA STREET A)			7		
	1924 BEEKETTLAKE DRIVE CLEANWATER FL THER HAMMOND	3376	3	調7 HOV -		
	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	HOV -3 P 1: 11 ALLARY OF STALE AHASSEE, FLORID		
	NEW Registered Office Address:			III b		
	1672 COUNTRYWOOD STREET		<u></u>			
	TARPON SPRINCE FL	386	?9			
the char agent w was/wei	mited liability company is not organized under the law- nge or changes are made, the Florida street address of tail be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of these of organization or the operating agreement of the liab	he regi pility co the lin	stered office and the ompany, it is hereby outed liability company	business office confirmed that t	of the registered he change(s)	
	ure of a member or authorized representative of a member		TYCEN HAMI	701		
-					d	
provisió the obli to mere	oy accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I hi I'in writing of this change.	e to ac. perform for in G preby c	in this capacity. I fi ance of my duties, an Thapter 605, F.S. Or onfirm that the limite	urther agree to ad Lam Jamiliar r, if this docume ed liability comp	comply with the with and accept ent is being filed cany has been	

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

Signature of Registered Agent