| (Requestor's Name) | - |
|---|---------------|
| (Address) | |
| (Address) | |
| (Address) | |
| . •· | |
| (City/State/Zip/Phone #) | |
| PICK-UP WAIT | MAIL |
| (Business Entity Name) | |
| (Document Number) | |
| Certified Copies Certificates of S | Status |
| Special Instructions to Filing Officer: | - |
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Office Use Only



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19 SEP 16

T GLASS SEP 1 7 2019 CORPORATION SERVICE COMPANY 1201 Havs Street

1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

| | ACCOUNT NO. | : | 120000000 | 195 | | | |
|--------------|---------------------------|----------|-------------|-----------|-------------|----------------------|----------------------------------|
| | REFERENCE | : | 900170 | 8132231 | | | |
| | AUTHORIZATION | : (| Lynether | man | | | |
| | COST LIMIT | : | \$25.00 | | | | |
| | August 28, 2019 | | | | | | - |
| ORDER TIME : | 1:24 PM | | | | | 2 | |
| ORDER NO. : | 900170-001 | | | | -• | 2019 SEP | |
| CUSTOMER NO: | 8132231 | | | | ~ | | - :- |
| | | - | | - | | රා | - \- <u>-</u> - \- <u>-</u> - |
| | CHANGE OF A | GEN | <u>T</u> | | | ξ : 6: | |
| | | | | | ٠ - | 8: 21 | |
| NAME : | BULLS EYE LLC | | | | | | |
| | THE FOLLOWING AS | PR | OOF OF FILI | ING: | | | |
| | FIED COPY STAMPED COPY | | | | | | |
| | | | | | | | |

EXAMINER: ______

CONTACT PERSON: Roxanne Turner -- EXT#

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 | me of the limited liability company: BULLS EYE LLC | ; | | | | | |
|------------------------|-------------------|---|--|--|--|------------|------------------|----------------------|
| 2 6 | 1) | 3350 SW 27th Ave | W 27th Ave | | | | | |
| (| ••• | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | _ (0 | | Mailing address of lir (Note: MAYBEP | | | |
| | | Unit 1206 | _ | Unit 1206 | , | | | . |
| | | Miami. FL33 <u>133</u> | _ | _Miami_FL | L33 <u>133</u> | | | |
| | | 02/06/2004 | | L040000 | | | | |
| 3. | | Date of filing/registration in Florida | 4. | | Document numb | er | | |
| 5 (| a) | CorpDirect Agents | | | | | | |
| (| | Registered Agent and Registered Office shown on the records of the | he Florida | Dept, of State | - : : | | | |
| | | 1200 South Pine Island Road | | | | | | |
| | | Registered Office Address | DDRESS. | | - | | | |
| | | <u> </u> | | • | | | | |
| | | | | | - | - | 2019 SEP | |
| | | Miami, FL_ | 33324 | | | | S | |
| | | | _00023 | | - | | 17 | - |
| d | n) | Corporation Service Company | | | | | 9 | 프파딕 |
| • | | Enter name of NEW Registered Agent and/or NEW Registered C | Office add | ress: | • | | | |
| | | | | | | | <u> </u> | ,_, <u>;-</u> |
| | | 1201 Hays Street | | | | | ά | Ĺ |
| | | NEW Registered Office Address: | | | • | | rv | |
| | | | | | - | | _ | |
| | | Tallahaasaa | | | | | | |
| | | <u>Tallahassee</u> , FL | 32301 | | - | | | |
| the c agen was/ | hai t w we: | mited liability company is not organized under the law need or changes are made, the Florida street address of a ill be identical. Or, in the case of a Florida limited lial reauthorized by an affirmative vote of the members of eles of organization or the operating agreement of the l | the regis bility con the limi imited li | tered office mpany, it is ited liability iability com | e and the business s hereby confirme y company or as | s office o | of the race char | registered age(s) |
| Sig | กอเ | ne of a member or authorized representative of a member | VALV | <u>Sakolsky</u> | Printed or typed nar | me of sign | ee | |
| prov the o to me | isu bli ere | y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete t gations of my position as registered agent as provided by reflect a change in the registered office address, I have in writing of this change. | rerterrine | ance of mire | duties and Lam t | amiliar : | with in | od accent |
| | 10 | exame due | BY: | | nne Turner ce President | | | |