65000093724

(Re	questor's Name)	
(1,5)	questo, s manne,	
(Add	dress)	
(
(Add	dress)	
·	·	
(City	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bus	siness Entity Nar	ne)
(Doc	cument Number)	
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
}		





700061011697

10/81/65-- N1027--4H **25.00

2005 OCT 31 PM 1: 35
SECRETARY OF STARS

COS 93724

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: B & B Haylin (Name of Limit	itel Liability Company)	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
RICK E. Boyle (Name of Person)		
B+B Hayling LLC (Firm/Company)	2305 OCT 31 PM 1: 39 TALLAHASSEE, FLORID	
1929 Golf Vista Bl	10d PH -	
Rockledge, Fl 32955 (City/State and Zip Code)	S RATE ORID.	
For further information concerning this matter, p	please call:	
Ruk E. Boyle at (Name of Person)	(321) 632-4654 (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 an	mount:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: BYB Hauling LLC.
2. The mailing address of the limited liability company is: 1929 Golf Vista Blud.
Rockledge, Fl 32955
Supt 23, 2005 L05000093724
Supt 23, 2005 3. Date of filing/registration in Florida LOSO00093724 4. Document number
5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:
1929 Golf Vista Blud
Rockledge Fl 35955 City, State and Zip
6. The name and address of the new registered agent and/or office:
Sonya J. Boyle 1929 Gott Vista Blud Florida street address (P.O. Box NOT acceptable) Rockludge FL 32955 City, State and Zip
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)
(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 auties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, 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.

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

INHSI8 (8/05) * Will remain a manger with LLC