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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Bay Family Kids 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:				
D ' 1D ''				
Daniel Bailes				
Name of Person				
Bay Family Kids LLC				
Firm/Company	· ·			
3900 Buckinghamshire Dr				
Address				
Land O Lakes FL 34638				
City/State and Zip Code	****			
dbailes2011@gmail.com				
E-mail address: (to be used for future annual report no	otification)			
For further information concerning this matter, please call:				
Daniel Bailes	at (813) 310-7531			
Name of Person	Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301				
Enclosed is a check for the following amount:				
\$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. Na	ame of the limited liability company: Bay Family Kids LL	С	
2 (6)) Principal office address of limited liability compa	anus 5557 W Waters Ave Ste 700	
2. (a	(Note: MUST BE STREET ADDRESS)	Tampa, FL 33634	
	(17000 MEGI BE BIRES 111 BELESS)		-100 W
			£33
(b) Mailing address of limited liability company:	3900 Buckinghamshire Dr	三年語 量 型
(Note: MAY BE POST OFFICE BOX)		Land O Lakes, FL 34638	The same
			2029 - 111
			20 - 0
08/24/2	006	L06000083813	
	ate of filing/registration in Florida	4. Document number	
J. D.	ate of fining/registration in Frontia	4. Document number	· · · · · · · · · · · · · · · · · · ·
5 (-) Pagistared Agent and Pagistared Office shows	on the mesende of the Elevi	de Dont of States
5. (a	a) Registered Agent and Registered Office shown of	on the records of the Flori	da Dept. of State:
	Registered Agent:	Daniel Bailes	
	Registered Agent.		
	Registered Office Address:	3706 Lonewood Ct	
registered office Address.	1051510100 011100 110010551	Land O Lakes, FL 34638	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered Office a	ddress:
	NEW Registered Agent:	Daniel Bailes	
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)		3900 Buckinghamshire Dr	
	MUST BE TEORDA STREET ADDRESS	Land O Lakes	.FL 34638
			
confi and ti liabil the m the o	limited liability company is not organized under the rmed that after the change or changes are made, the he business office of the registered agent will be ide ity company, it is hereby confirmed that the change numbers of the limited liability company or as other perating agreement of the limited liability company	e Florida street address of entical. Or, in the case of	the registered office a Florida limited as affirmative vote of
Daniel!	Bailes		
Printe	d or typed name of signee		
comp and I Chan	reby accept the appointment as registered agent and with the provisions of all statutes relative to the am familiar with and accept the obligations of my ster 608, F.S. Or, if this document is being filed to easy, I hereby confirm that the limited liability comp	proper and complete perj position as registered ag merely reflect a change in	formance of my duties, ent as provided for in 1 the registered office
Signat	ture of Registered Agent		

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