## L07000096009

aw of Taboratt Rose Trace (Requestor's Name)	
(Requestor's Name)	
POBOX 101	
(Address) .	
(Address)	
Valrizo HC 33595 (City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
!	
(Document Number)	
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SECRETARY OF STATE FLORIO.

J. BRYAN
JUL 1 4 2009
EXAMINER

## 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.

Name of the limited liability company:	BUBBAQUE'S LLC	
1. (a) Principal office address of limited liability company:	13 NE 3RD STREET	
(Note: MUST BE STREET ADDRESS)	CHIEFLAND, FL 32626	
(b) Mailing address of limited liability company:	13 NE 3RD STREET	
(Note: MAY BE POST OFFICE BOX)	CHIEFLAND, FL 32626	
September 20, 2007	L07000096009	
3. Date of filing/registration in Florida	4. Document number	
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered Agent:	DAVID MIDGETT	
Registered Office Address:	507 NE 8TH AVE OCALA FL 34470	
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:  NEW Registered Agent:  RYAN BELL		
NEW Registered Agent:  NEW Registered Office Address:  (MUST BE FLORIDA STREET ADDRESS)	13 NE 3RD STREET CHIEFLAND, FL 32626	
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  RYAN BELL, ITS MANAGER  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 duties, 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

Signature of Registered Agent