L080000048656

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
•				
• (Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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A. LUNT				
JAN 30 2009				
EXAMINER				
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COVER LETTER

TO: Registration Section

INHS18 (5/08)

Division of Corporations			
SUBJECT: Bills Better Buys LLC			
	nited 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 r	matter to the following:		
William Holloway			
(Name of Person)			
Bills Better Buys LLC		E 28	
(Firm/Company)		2009 JAN 29	क्ष
			- 1
5181 Chancellor St NE			Titles (Policy)
(Address)		PH 4: 08	***
	Ę	ੇ ਹੋੜਾਂ ਜ ਼	S. Sanat
St. Petersburg, Fl., 33703		温 8	
(City/State and Zip Code)		. ~	
For further information concerning this matter, pl	ease call:		
William Holloway at (727) 512-7478		
(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 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following an	iount:		
☑ \$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.	Nar	ne of the limited liability company: Bills Better	Buys LLC		
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	nny: 5181 Chancellor St NE St Petersburg, Fl., 33703		
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5181 Chancellor St NE St Petersburg, Fl., 33703		7
01	/26/0	09	L08000048656		
3.	Dat	e 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: 28	
		Registered Agent:	William Holloway		-
		Registered Office Address:	4913 Milano Ct NE	တ္ဆုံး လူ	personal personal
			St Petersburg, Fl 33703	7	n
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NE NEW</u> Registered Agent:	W Registered Office address:	Y 4: 08	Den's
NEW Registered Office Address:		NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5181Chancellor St NE		
		(Wedi be I bombildings in Delega	St Petersburg	FL <u>33703</u>	
tha of he lia lir	at affice reby bilit	imited liability company is not organized under the ter the change or changes are made, the Florida street of the registered agent will be identical. Or, in the confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company. What a liability company.	et address of the registered office case of a Florida limited liability by an affirmative vote of the me	e and the busines company, it is mbers of the limi	ss ited
	rinted	or typed name of signee)	_		
co an F., co	here mply n fan S. C nfiri	by accept the appointment as registered agent and a with the provisions of all statutes relative to the prailiar with and accept the obligations of my position if this document is being filed to merely reflect a nation that the limited liability company has been notified.	agree to act in this capacity. I fi oper and complete performance as registered agent as provided change in the registered office a d in writing of this change.	urther agree to of my duties, an I for in Chapter (iddress, I hereby	d I 508,
(S	ignatu	re of Registered Agent)			

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