# L10000091258

(Re	equestor's Name)			
(Ac	ddress)			
(Ac	ddress)	••••		
(Ci	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL.		
(Bi	usiness Entity Nam	e)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to	Filing Officer:			

Office Use Only



200249285982

06/27/13--01021--023 \*\*25.00

13 JUN 27 PH 1: 1

C. LEWIS 2013
UN 28 2013
EXAMINER

#### **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: Bay Family Kids 2 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:

#### **Daniel Bailes**

Name of Person

## Bay Family Kids 2 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 notification)

For further information concerning this matter, please call:

#### **Daniel Bailes**

<sub>at (</sub>813

310-7531

Name of Person

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 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.	Nar	ne of the limited liability company: Bay Family Kids 2 LLC		五··· · · · · ·	
2.	(a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	32109 SR 54 Wesley Chapel, FL 33543	THE SECOND SECON	
	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	3900 Buckinghamshire Dr Land O Lakes, FL 34638	PH 1: 5	
				<b>3 6</b>	
	31/201		L10000091258	<u> </u>	
3.	Dat	e of filing/registration in Florida	4. Document number		
5.	(a)	Registered Agent and Registered Office shown on t	he records of the Florida	Dept. of State:	
		Registered Agent:	Daniel Balles		
		Registered Office Address:	3706 Lonewood Ct		
		Tee State of the Control of the Cont	Land O Lakes, FL 34638		
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Daniel Bailes	iress:	
NEW Registered Office Address:		NEW Registered Office Address:	3900 Buckinghamshire Dr		
		(MUST BE FLORIDA STREET ADDRESS)			
			Land O Lakes	,FL 34638	
and lin the the	nfind the bilite me	limited liability company is not organized under the lamed that after the change or changes are made, the Flee business office of the registered agent will be identically company, it is hereby confirmed that the change(s) embers of the limited liability company or as otherwise erating agreement of the limited liability company.	orida street address of the cal. Or, in the case of a	e registered office Florida limited	
Dai	niel Ba	tiles			
-		or typed name of signee	-		
III con an Ch	here mply d I d iapte dres	by accept the appointment as registered agent and as whith the provisions of all statules relative to the pro am familiar with and accept the obligations of my pos er 608, F.S. Or, if this document is being filed to me as I hereby confirm that the limited liability company	gree to act in this capacil per and complete perfor sition as registered agent rely reflect a change in wri	ty. I further agree to mance of my duties, as provided for in the registered office ting of this change	

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

Signature of Registered Agent