

L10000 105468

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TALLAHASSEE, FLORIDA

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J SHIVER

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 6, 2015

TIFFANY JESSEE-WYLIE
10229 THURSTON GROVES BLVD
SEMINOLE, FL 33778

SUBJECT: BARIWARE, LLC
Ref. Number: L10000105468

We have received your document for BARIWARE, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 815A00023543

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: BariWare, LLC
Name of Limited Partnership or Limited Liability Limited Partnership

DOCUMENT NUMBER: L10000105468

The enclosed Statement of Change of Registered Office and/or Registered Agent and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Tiffany Jessee-Wylie
Contact Person

BariWare, LLC
Firm/Company

10229 Thurston Groves Blvd.
Address

Seminole, FL 33778
City, State and Zip Code

driessee@bariware.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tiffany Jessee-Wylie at (727) 692.9698
Name of Contact Person Area Code and Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Florida Department of State.

STREET ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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

Pursuant to the provisions of sections 605.0114 or 605.0116, 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. Name of the limited liability company: Bariware LLC
2. (a) (old) _____
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
- (b) (new) 10229 Thurston Groves Blvd
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
Seminole FL.
33778

3. 10-08-10 Date of filing/registration in Florida
4. L10000105468 Document number

5. (a) Dezbah Zevin
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

3335 Stonegate Falls Dr
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
Land O Lakes
_____, FL 34638

- (b) Tiffany Jesse-Wylie
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

10229 Thurston Groves Blvd
NEW Registered Office Address:

Seminole, FL 33778

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.

Dezbah Zevin
Signature of a member or authorized representative of a member

Dezbah Zevin
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 605, 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.

Tiffany Jesse-Wylie
Signature of Registered Agent

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