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	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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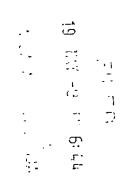
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MAY 2 0 2019 S. YOUNG



COVER LETTER

Division of Corporations		
Chicago Baseball Rooftops, L	LC	
	of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.	
Please return all correspondence concerning this	matter to the following:	
Chris Falor		
Name of Person		
Chicago Baseball Rooftops		
Firm/Company	. 124 .	
561 SW 8th Street		
Address		
Miami, FL 33130		
City/State and Zip Code		
chris@chicago-baseball-rooftops.com		
E-mail address: (to be used for future annua	al report notification)	
For further information concerning this matter, p	lease call:	
Chris Falor	312 544-9790	
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 a	mount:	
☑ \$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 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.

l. Na	me of the limited liability company: Chicago Ba	aseball Rooftops	s, LLC
2. (a)	561 SW 8th Street, Miami 33130	(b) 561	SW 8th Street, Miami 33130
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/31/2011	L1100	00038519
3.	Date of filing/registration in Florida	4.	Document number
. (-)	Shawn Galicic		
5. (a)	Registered Agent and Registered Office shown on the records	s of the Florida Dept. of	. 6
	Registered Office Address 561 SW 8th Street	ET ADDRESS)	
	Miami	FL 33130	- -
(b)	Chris Fallor Enter name of NEW Registered Agent and/or NEW Registered	ered Office address	· · · · · · · · · · · · · · · · · · ·
	NEW Registered Office Address:		
	561 SW 8th Street		
	Miami	FL_33130	
he cha agent v was/we he arti Signal	imited liability company is not organized under the rige or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited at authorized by an affirmative vote of the member cles of organization or the operating agreement of the unember of a member of a me	s of the registered of diability company are of the limited liability the limited liability	office and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company Printed or typed name of signee canacity. I further garee to comply with the
	ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a charlet in the registered office address I in writing of this change.	uca jor in Chapter s, I hereby confirm i	toos, r.s. Or, ij inis document is being filed that the limited liability company has been