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| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificate | s of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| SUBJECT: BUCKES GROUP, LLC Name of Lin | nited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matte | r to the following: |
| Gisselle Bader Name of Person | |
| Bader's Group LLC Firm/Company | |
| 116 N. Ditil highway Address | |
| Lantana, FL 33462 City/State and Zip Code | |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please | |
| Crisselle Bader al | 561) 336-3891 |
| 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 Tallahassec, Florida 32314 |
| Enclosed is a check for the following amoun | t: |
| \$25 Frang Fee | ☐ \$55 Filing Fee & Certified Copy |

INHS18 (2/14)

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: Bader's Group, LLC |
|------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 116 N. Dixie highway Lanfana, FL 33467 Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 10 31 2011 L11000124074 Date of filing/registration in Florida 4. Document number |
| 5. (a) | Alex Bader Registered Agent and Registered Office shown on the records of the Florida Dept. of State: |
| (b) | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) FL FL Enter name of NEW Registered Agent and/or NEW Registered Office address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office Address: NEW Registered Office |
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| the cha agent w was/we the arti | mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nge or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. The limited or typed name of signee are of a member of a m |
| I herek provisi he obli to mere notified | py accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the cons of all statutes fetative to the proper and complete performance of my duties, and I am familiar with and accept igations of my footion as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a chapter in the registered office address, I hereby confirm that the limited liability company has been in which a change. |