11200047112

| | No. | | | | |
|---|-------------------------|-------------|--|--|--|
| (Re | questor's Name) | | | | |
| | dress) | | | | |
| (Add | aress) | | | | |
| | | | | | |
| (Add | dress) | | | | |
| | | | | | |
| (Cit | y/State/Zip/Phone | : #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| | | | | | |
| (Bu | siness Entity Nam | ne) | | | |
| | | | | | |
| (Document Number) | | | | | |
| | | | | | |
| Certified Copies Certificates of Status | | | | | |
| | | | | | |
| Special Instructions to | | | | | |
| | · ····· 9 -····· | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | ļ | | | |
| | | } | | | |
| | | | | | |

Office Use Only



000301654010

07/24/17--01011--008 **25.00

2017 JUL 24 AH 10: 50

COVER LETTER

| ~ | istration Section sion of Corporations | | |
|-------------------------------|--|---------------------------------|--|
| SUBJECT: | Barrier Group. Name of Lim | LLC ited Liabili | y Company |
| Dear Sir or M | Madam: | | |
| The enclosed | d Registered Agent/Registered Office Chang | ge and fee(s |) are submitted for filing. |
| Please return | all correspondence concerning this matter | to the follo | wing: |
| | Amy Tovor Name of Person | | |
| 13 | Firm/Company Ble Riverside Dr. | | |
| | City/State and Zip Code Myltovar @gmail.com address: (to be used the future annual report | t notification | |
| For further in | nformation concerning this matter, please ca | | , |
| A | My Tovor at (7 | | 204 - 4437 ca Code & Daytime Telephone Number |
| Regi Divi Clift 2661 | REET/COURIER ADDRESS: istration Section sion of Corporations con Building Executive Center Circle ahassee, Florida 32301 | Registra Division P.O. Bo | NG ADDRESS: ation Section a of Corporations ax 6327 assee, Florida 32314 |
| Encl | losed is a check for the following amount: | | |
| z/ \$: | 25 Filing Fee | □ \$55 Fi | ing Fee & Certified Copy |
| 1NHS18 (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.

| 1107144. | | ' ^ | | | |
|--|--|---|---|---|--|
| 1. Name of the limited liability company: | <u>Barrier</u> | Group | LLC | | |
| 2. (a) 13101 Riverside Dr. Stur Principal office address of limited li (Note: MUST BE STREET) | | (b) <u>1361</u> | Mailing address of lim (Note: MAY BE Po | - | inpany: |
| 3. Date of filing/registration i | | | 200047 Document number | | |
| 5. (a) Zochary L John Registered Agent and Registered Office sho 1289 NE 9th Ave Registered Office Address (MUST BE I | | | aie: | | |
| (b) Zachary L John Enter name of NEW Registered Agent and | <u>150H</u> | 34972 ce address: | - | 2017 JUL 24 SLUGE SAN FALL AHASS | |
| 1361 Riverside D NEW Registered Office Address: | rive | | _ | AH 10: 55 | I MAN |
| Stuart | , FL | 3499 <i>6</i> | _ | | |
| If the limited liability company is not organ the change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating Signature of a member or authorized representative | a street address of the a Florida limited liabilit of the members of the agreement of the limit | registered offi ty company, it I limited liabil ted liability co | ce and the business is hereby confirme ity company or as o | office of the d that the cha otherwise pro- | registered ingc(s) |
| I hereby accept the appointment as registed provisions of all statutes relative to the pro- the obligations of my position as registered to merely reflect a change in the registered | red agent and agree to per and complete perf agent as provided for office address, I herel | o act in this ca ormance of m in Chapter 60 by confirm tha | pacity. I further ag y duties, and I am fo 95, F.S. Or, if this o t the limited liabilid | ree to compl imiliar with a locument is h ly company h | y with the and accept peing filed as been |

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