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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Barney's Burgalow Name of Limit	LLC ed 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:
Jeffry D. Barnes Name of Person	
Barney's Bunglow LLC	_ <del></del>
2525 Sheffield Road Address	
Winter Haven FL. 33880 City/State and Zip Code	
jdbarnes and @ aol. com E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please cal	l:
Jeff Barnes at ( 8	763 ) 412 - 8690 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
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.

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1. Name o	f the limite	d liability co	mpany: _	Barney's	Br	ruga (o	<u> </u>	LC		
2. (a) _25	Principal o	heffe ffice address of e: MUST BE S	limited liabi	lity company:		P.c	lailing add	ress of limited	d liability co	
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3.		f filing/regis	~	Torida	4.		Docume	nt number		
5. (a) <b>[</b> 2 Regis	CAPPES_ stered Agent a	Hark and Registered	office shown	on the records of the	e Florida l	Dept. of State	::			
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				ORIDA STREET AL	DRESS)					
E	agle L	ale		FL_	338	39				- ,
(b) 12	) Ornes	Je	Ffry	D					• <u>•</u>	
Enter	name of NE	W Registered	Ngent and/or	NEW Registered O	ffice add	ress:	•		24	1
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NEV	<u>V</u> Registered	Office Address:							.T	
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the change of agent will be was/were au the articles of	or changes: e identical, ithorized by of organiza	are made, the Or, in the c y an affirmat	e Florida stage of a Florie vote of a perating ag	ed under the laws treet address of the orida limited liab the members of greement of the li	he regist bility cor the limi mited li	ered office upany, it is ted liability ability con	e and the s hereby of y compan ipany.	business of confirmed t	fice of the hat the cherwise pro	e registered lange(s)
Thereby ac	cent the an	nointment a	registere.	Logent and owe	e to act	in this can	aciv Ifi	orthor vare	e to comn	ly with the
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Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signatu Registered Agent