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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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## COVER LETTER

TO: **Registration Section Division of Corporations** 

Wood BAC B Que and Grill LLC Dia SUBJECT: \_

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Kuldenberry Name of Person Big Wood Bar BQue and Grill LLC Firm/Company 14 72nd Trace NW ive Dah FL 32064 City/State and Zip Code E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

<u>Curtis Petersen</u> at <u>386</u> <u>205-9437</u> Area Code & Daytime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## Enclosed is a check for the following amount:

2 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

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.

bar ood Name of the limited liability company: Ι. 2. (a) (b) Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3800 3. ling/registration in Florida Document number Δ 5. (a) + (P.C Registered Agent and Registered Office shown on the records of the Florida Dept. of State: daett Registered Office Address STREET ADDRESS) 32064 (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: ប៉  $\overline{\Sigma}$  $\rho$ NEW Registered Office Address: 3 IVP FL 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 appieles of organization or the operating agreement of the limited liability company. <u>Printed or typed name of signee</u> Signature of a member or authorized representative of a member 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 chapter in the registered office address, I hereby confirm that the limited liability company has been fied in writing of this change. nture of Registered Agent

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