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R. WHITE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: BTT SNAX				
Name of Limited 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:				
Name of Person				
BTT SNAX				
Firm/Company				
15739 3 RD DRIVE EDST				
BRAdenton F1 34212				
City/State and Zip Code  TDLD 4632 GMSN. Com  E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
LAURA DILANdro at (941) 773 8174				
Name of Person Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton 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 & Certified Copy				
INHS18 (2/14)				

## **Š**TATEMENT 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

	ame of the limited liability company:	T SNAX	
2. (a)	15/39 3RD Drive Epst Bradeton FI	34212 (b) 15139	3rd Drive EnsT Bradlentwiff 3
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
3.	5/8/20/3 Date of filing/registration in Florida		1300067578  Document number
٥.	Date of fining/registration in Fiorita	4.	Bocument number
5. (a)			_
(b)	Registered Agent and Registered Office shown on the records  The Grantian Service Registered Office Address (MUST BE FLORIDA STREE)  12-01 Hays Street  Tallahassee  Enter name of NEW Registered Agent and/or NEW Registered  REGISTERED AGENTS INC  NEW Registered Office Address:  3030 N. Rocky Point Drive, STE 150A	EL Compsi ET ADDRESSI FL 32301	7
	Tampa	<sub>151</sub> 33607	•
the cha agent v was/we the arti- Signa I here provisi the obi- to mer-	limited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of a member or authorized representative of a member or authorized representative of a member of the appointment as registered agent and completions of all statutes relative to the proper and completing to the proper and completing to the proper and completely reflect a change in the registered agent as provingly reflect a change in the registered office address, and in writing of this change.	laws of the State of Fe of the registered office diability company, it is of the limited liability conditions the limited liability conditions agree to act in this case the performance of my idea for in Chapter of the limited liability company.	is hereby confirmed that the change(s) ity company or as otherwise provided in ompany.  Printed or typed name of signee

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

Signature of Registered Agent