## orida Department of State

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## LLC REGISTERED AGENT CHANGE **BUBBA GAS WORKS PLLC**

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## 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.

i. Na	une of the limited liability company: Bubba Ga	as Worl	ks Plic
2. (a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7901 4th St N STE 300	79	01 4th St N STE 300
	St. Petersburg FL 33702	St.	Petersburg FL 33702
	09/30/13	L1:	3000137378
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	DuVal Fields CPA Group, PA Registered Agent and Registered Office shown on the records of the	he Florida Deni	of State
	428 Walnut Street		. Or State.
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRESS)</u>	2023 FEB
	Green Cove Springs . FL	32043	——————————————————————————————————————
(b)	Registered Agents Inc		
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702	
the cha agent w was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	's of the State the registered bility compar f the limited l	d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.
<u> </u>	Bray Aver		Robin Jones
	ture of a member or authorized representative of a member	as to aut in th	Printed or typed name of signee
provisi the obl to merc	by accept the appointment as registered agent and agra ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change.  David Roberts - Assistant	performance I for in Chapt ercby confirt	us capacity. I juriner agree to compty with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed in that the limited liability company has been

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

Signature of Registered Agent