## L: 13000156467

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
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LLC RA CH OS/01/14



April 11, 2014

JOHN J. MADSEN BIG DOINS, LLC 2657 WINDMILL PARKWAY ♣↓18 HENDERSON, NV 89074

SUBJECT: BIG DOINS, LLC Ref. Number: L13000156467

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Darlene Connell Regulatory Specialist II

V

Letter Number: 014A00007901

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	ECT: Big Doins, LLC		
	Name of I	_imited Liab	pility Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Office Cl	nange and fe	ee(s) are submitted for filing.
Please	return all correspondence concerning this mat	ter to the fo	llowing:
John	J. Madsen		
	Name of Person		-
Big D	oins, LLC		
	Firm/Company		-
2657	Windmill Parkway #678		_
	Address		
Hend	erson, NV 89074		
	City/State and Zip Code		-
	noyfb.biz		_
Е	-mail address: (to be used for future annual re	port notifica	ation)
For fur	ther information concerning this matter, pleas	e call:	
John -	J. Madsen	512	632-6429
	Name of Person		Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Regis Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 thassee, Florida 32314
	Enclosed is a check for the following amou	ųnt:	
	■ \$25 Filing Fee	<b>□</b> \$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.

(-\	ame of the limited liability company: Big Dollis, Et	71.5	
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(b)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3030 N. Rocky Point Dr., Suite 150A	3	3030 N. Rocky Point Dr., Suite 150A
	Tampa, FL 33607		Гатра, FL 33607
	November 6, 2013	L	13000156467
	Date of filing/registration in Florida	4.	Document number
(a)			
(,	Registered Agent and Registered Office shown on the records of Andrew Farber, Esq.	the Florida De	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	20283 State Road 7, Suite 300		
	Boca Raton	33498	<del></del>
	, г.	′ <del></del>	<del></del>
(b)	Enter name of NEW Registered Agent and/or NEW Registered		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	<del></del>
	Registered Agents, Inc.		APR 2
	NEW Registered Office Address:		9
	3030 N. Rocky Point Dr., Ste 150A		
			<del></del>
	Tampa , FL	33607	
e cha ent v as/w	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Of in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization on the operating agreement of the	the register ability composite the limited limited liab	red office and the business office of the registe pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
Signa	tury of this har authorized representative of a member		Printed or typed name of signee
here	by accept the appointment as registered agent and age igns of all statutes relative to the proper and complete figutions of my position as registered agent as provide elyreflect withange in the registered office address, I for writing of the change.	ee to act in performand d for in Cha	this capacity. I further agree to comply with t ce of my duties, and I am familiar with and acc apter 605, F.S. Or, if this document is being fil
e go nter stifie	ely reflect whange in the registered office address, I in a tling of the change.	hereby conf	irm that the limited liability company has been