

L15000 122464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2017 JUL 31 PM 4:49  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

K. SALY  
AUG - 2 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Bubbletrousers, LLC

\_\_\_\_\_  
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:

Amber Thomas

\_\_\_\_\_  
Name of Person

The Surly Mermaid Food Truck

\_\_\_\_\_  
Firm/Company

1311 Oak Pond Street

\_\_\_\_\_  
Address

Ruskin, Florida 33570

\_\_\_\_\_  
City/State and Zip Code

surlymermaidfoodtruck@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve & Amber Thomas

at ( 813 )

335-6885

\_\_\_\_\_  
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

**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

**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.*

1. Name of the limited liability company: Bubbletrousers, LLC

2. (a) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

1311 Oak Pond Street

Ruskin, Florida 33570

7/16/2015

3. Date of filing/registration in Florida

(b) \_\_\_\_\_

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

L15000122464

4. Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Legallnc Corporate Services, Inc.

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5237 Summerlin Commons Ste 400

Fort Myers, FL 33907

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Amber Thomas

**NEW Registered Office Address:**

1311 Oak Pond Street

Ruskin, FL 33570

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 articles of organization or the operating agreement of the limited liability company.

Amber Thomas  
Signature of a member or authorized representative of a member

Amber Thomas

Printed or typed name of signee

*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 change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Amber Thomas  
Signature of Registered Agent

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