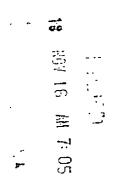
1500158339

Office Use Only



900320765409

11/16/18--01009--027 **25.00



O SIMMONS NOV 3 0 2018

COVER LETTER

TO: Registration Section Division of Corporations		•		
B&B Nobility LLC				
	e of Limited L	iability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Offi	ce Change and	I fee(s) are submitted for filing.		
Please return all correspondence concerning thi	s matter to the	following:		
JOANNA BROWNING				
. Name of Person				
B&B NOBILITY LLC				
Firm/Company				
4313 Lancashire Ln				
Address		<u> </u>		
Orlando, FL 32812				
City/State and Zip Code				
bbnobility@gmail.com				
E-mail address: (to be used for future annual	ual report noti	fication)		
For further information concerning this matter,	please call:			
JOANNA BROWNING	407 at (453-3000		
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		
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.

Na	me of the limited liability company:	B&B NOBILITY LI	_C				
	4313 Lancashire Ln, Orlando,		(b) i	1313	Lancashira	L Ln	, Orlando FL
(-,	Principal office address of limited li (Note: MUST BE STREET)		` , _		Mailing address of lim (Note: MAY BE Po	ited lial	bility company: 328
	9/21/2015		_	50001		<u>.</u>	
		- Placida 4		30001	Document number		
	Date of filing/registration i REGISTERED AGENTS INC				Document number	2T	
(a)					_		
	Registered Agent and Registered Office sho 3030 N. Rocky Point Dr., Suite			•	e:		
	<u> </u>	FLORIDA STREET ADDR			_		
	Registered Office Address (MUST BE)	<u>FLORIDA STREET ADDR</u>	<u>E33/</u>				
			.	•	_	G.G.	
		, FL	<u>_</u>		_	5	•
(b) _	JOANNA BROWNING					 	
	Enter name of NEW Registered Agent and	//or NEW Registered Offic	e addre	SS:	_	_	
				 -		Pign.	
					مو		7: O.S.
	NEW Registered Office Address:				-	-	,
	4313 Lancashire Ln, Orlando	, FL 32812			_		
	·						
		FL			-		
cha nt w s/we arti	imited liability company is not organinge or changes are made, the Floridavill be identical. Or, in the case of a cre authorized by an affirmative vote cles of greating and a tree of a member or authorized representative.	a street address of the r Florida limited liability of the members of the gagreement of the limit	egister y com limite	red offic pany, it i d liabilit pility cor	e and the business s hereby confirme y company or as o	office d that otherw	of the registered the change(s) ise provided in
erek visi obli nere	by accept the appointment as registe ons of all statutes relative to the pro- igations of my position as registered ely reflect a change in the registered Lin writing of this change.	ered agent and agree to	act in ormand in Cha oy conf	this can	acity. I further as	ree to	comply with the