## L160000 12306

(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ · Certificates	s of Status		
Special Instructions to Filing Officer:				





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2016 JUL 18 AM II: 17
SECRETARY OF STATE
SECRETARY OF STATE

K. SALY EXMAINER

JUL 20

## **COVER LETTER**

TO:

INHS18 (2/14)

Registration Section

Division of Corporations	
SUBJECT: BACTAWAY LLC	
Nan	ne of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Off	ice Change and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to the following:
TRAVIS H. BROWN Name of Person	<del></del>
BARTAWAY LLC (	(L1400001Z306)
5409 Overseus High	way #355
MARATHON FLA City/State and Zip Code	33050-2710
CASSIE @ FIRST	
E-mail address: (to be used for future ann	iual report notification)
For further information concerning this matter,	, please cail:
CASSIE BUSS	_at ( <u>J39</u> ) <u>ZZ8 5905</u> Area Code & Daytime Telephone Number
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

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. Na	me of the limited liability company:	BARTAWAY	LLC	# L16 000012301
2. (a)	Principal office address of limited lial	pility company.	Mailin	Dverscus Highway g address of limited liability company:
	Note: MUST BE STREET AS # 355	DDKESS)	#3	<u>(e: MAY BE POST OFFICE BOX)</u>
		22620		· · · · · · · · · · · · · · · · · · ·
	JANUARY 19, 201	33050 10	MARCATH	UN FLA 33050
	LAUKALAUDADADATZABA		L160	00012306
3.	Date of filing/registration in			ument number
5. (a)	TRAVISH BY	rown		
` ′	Registered Agent and Registered Office show		da Dept. of State:	
		ORIDA STREET ADDRES		7. 20
	5409 Duerseus	Highway &	# <u>355</u>	
	MARATHON	, fl <u>3</u>	3050	TIL 18 SECRETARY
(b)	Enter name of NEW Registered Agent and/o	r NEW Registered Office a	ddress;	OF STATE
	Elita india of 11277 Register to Figure dia	NEW Registered Office a	dures.	ORA :
	5409 Overscas	Harrigas	4 # 355	5r
	NEW Registered Office Address:	0 .	J	
	Marathon			
		<b>a</b> .	- 0C D	
		, FL	<u> 3050</u>	
the char agent w was/we the artic	mited liability company is not organized or changes are made, the Florida will be identical. Or, in the case of a Fire authorized by an affirmative vote of the operating a property of member or authorized representative of member or authorized representative of the operations.	street address of the reg lorida limited liability of the members of the li greement of the limited	gistered office and company, it is here mited liability company I liability company	the business office of the registered by confirmed that the change(s) appany or as otherwise provided in the change of the registered by the registered by the change of the registered by the r
1 hereb	y accept the appointment as registere	ed agent and agree to a	ct in this canacity	ed or typed name of signee  I further agree to comply with the s, and I am familiar with and accept . Or, if this document is being filed mited liability company has been
to mere notified Signatur	in whiting of this change.			

FILING FEE: \$25.00