## L1600000096909

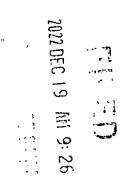
(Requestor's Name)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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A. BUTLER MAR - 4 2023

## **COVER LETTER**

	Registration Section Division of Corporations							
SUBJE	Boon Holdings, LLC							
	Name of Limited Liability Company							
Dear Si	r or Madam:							
The enc	losed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.					
Please r	eturn all correspondence concerning	g this matter to th	e following:					
Russell 5	Snyder							
	Name of Person		- <del></del>					
Boon Tr	ading Company, LLC							
	Firm/Company							
2804 NV	V 72nd Ave							
	Address	· · · · · · · · · · · · · · · · · · ·	<del></del>					
Miami, I	FL 33122							
	City/State and Zip Coc	le						
russ.snyc	der@boonintl.com							
E-	mail address: (to be used for future	annual report not	ification)					
For furt	her information concerning this ma	tter, please call:						
Russell !	Snyder	305 at (	7756066					
	Name of Person	(	Area Code & Daytime Telephone Number					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810					
	Enclosed is a check for the follow  ■ \$25 Filing Fee	-	Tallahassee, FL 32303  \$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.

1. Na	ume of the limited liability company:  Boon Holdings, LL	.C				
2. (a)	Boon Holdings, LLC	. (	b) Boon Ho	ldings, LLC		
2. (11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	~/ <u>~~</u>	Mailing address of limite (Note: MAY BE POS		
	2804 NW 72nd Ave		2804 NW	72nd Ave		
	Miami, FL 33122	_	Miami, Fl	1. 33122	_	
	05/03/2016		L16000086	5909		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Boon Trading Company, LLC					
, (u)	Registered Agent and Registered Office shown on the records of the 5220 NW 72nd Ave, Miami FL 33166	ne Florio	la Dept. of Sta	nte:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRES	<u>(S)</u>			
					2027	
		33166		,	2022 DE C	en Li
(b)	Boon Trading Company, LLC			_	9	••
(6)	Enter name of NEW Registered Agent and/or NEW Registered O	Office a	ddress:		AH S	<u>:</u>
	2804 NW 72nd Ave, Miami FL 33122			11 11 154	9: 27	<b></b>
	NEW Registered Office Address:					
	2804 NW 72nd Ave, Miami FL 33122			_		
	FL	33122		_		
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liabers.	egister pility c the linited	red office at ompany, it nited liabili	nd the business office is hereby confirmed t ity company or as oth mpany.	of the	e registered e change(s) e provided in
-	ture of a member or authorized representative of a member			Printed or typed name	_	
provisi the obl to merc	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered affice address. I he I inovriting of this change	e to ac wrforn for in ereby c	t in this cap lance of my Chapter 60 confirm that	pacity. I further agre duties, and I am fam 5, F.S. Or, if this doc the limited liability o	e to co iliar w cumen compa	omply with the with and accept it is being filed my has been
Signatu	re of Registered Agent					
	Division of Corporations P.O. B	ox 632	27• Tallaha	assoe FL 32314		

FILING FEE: \$25.00

1NHS18 (2/14)