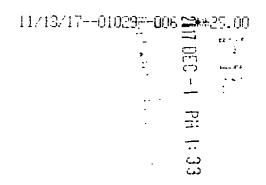
117000009444

Office Use Only



500305526035



J. HARRIE

COVER LETTER

то:	Registration Section Division of Corporations							
SUBJ	BOLT PUBLISHING, LLC							
50 0 3.	Name of Limited Liability Company							
Dear S	Sir or Madam:							
The er	nclosed Registered Agent/Registered Offi	ice Change and	I fee(s) are submitted for filing.					
Please	return all correspondence concerning the	is matter to the	following:					
JERE	EMY CROSTON							
	Name of Person	· · · ·						
BOL	Γ PUBLISHING, LLC							
	Firm/Company							
867 [DIANE DRIVE							
47	Address							
ALTA	AMONTE SPRINGS/FL 32701							
	City/State and Zip Code							
BOL	TBOOKSPUB@GMAIL.COM							
F	E-mail address: (to be used for future ann	ual report noti	fication)					
For fu	rther information concerning this matter,	please call:						
JERE	EMY CROSTON	407 at (580-8453					
	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		R D P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314					
	Enclosed is a check for the following amount:							
	☑ \$25 Filing Fee		555 Filing Fee & Certified Copy					
INHSI	8 (2/14)							



November 14, 2017

JEREMY CROSTON 867 DIANE DRIVE ALTAMONTE SPRINGS, FL 32701

SUBJECT: BOLT PUBLISHING, LLC

Ref. Number: L17000009444

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

The registered agent must sign accepting the designation.

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) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 917A00023037

2017 DEC - 1 AM IJ: 23

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.

l. Na	me of the limited liability company:	SHING	, LLC		<u>.</u>				
2. (a)	478 EAST ALTAMONTE DR.	((b) 478 EAST ALTAMONTE DR.						
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)						
	SUITE 108 #782		SUITE 108 #782						
	ALTAMONTE SPRINGS, FL 32701	_	ALTAMONTE SPRINGS, FL 32701						
	1/11/2017		L1700000	9444					
3.	Date of filing/registration in Florida	_ 4.		Document num	iber				
5. (a)	HARRISON, ANDREW								
J. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:								
	989 WEST KENNEDY BLVD								
(b)	Registered Office Address (MUST BE FLORIDA STREET								
	101								
	ORLANDO, FI	32810	ı		ī.	2617	<i>i.</i> .		
	STEPHANIE CROSTON	<u>.</u>			. · ·	18 17 DEC -	F		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	l Office a	<u>idress</u> :			÷	•		
	867 DIANE DRIVE				•	PH			
	NEW Registered Office Address:				 T. (ယ ယ			
	ALTAMONTE SPRINGS . FI	32701							
the cha agent v was/wa the arti	imited liability company is not organized under the la inge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited li cre authorized by an affirmative vote of the members icles of organization of the processing agreement of the	f the regiability of the line limited	istered office ompany, it is nited liability liability com	and the busine hereby confirm	ess office of that the state of	of the re he chan se provi	egistered gc(s)		
l herei provisi the obl to m k k	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ignions of myposition as registered agent as provide Krefletila (higher in the rygistered office address, I if in writing by this change.)	ree to ac perfori d for in hereby	et in this capa nance of my a Chapter 605 confirm that t	icity. I further	agree to d	comply	with the id accept ing filed s been		