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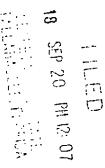
(Requestor's Name)				
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PICK-UP WAIT MAIL				
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COVER LETTER

Divi	ision of Corporations				
SURJECT:	Basket Holdings LLC				
oon, com	Name of Limited Liability Company				
Dear Sir or 1	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the	following:		
Justin Pa	anapinto				
	Name of Person		_		
Basket H	Holdings LLC				
	Firm/Company				
2102 W	Horatio St, Unit A				
	Address				
Tampa, I	FL 33606				
	City/State and Zip Code				
justin.p	oanapinto@gmail.co	om			
E-mail	address: (to be used for future ann	ual report notif	ication)		
For further i	nformation concerning this matter.	please call:			
Justin Pan	apinto	at (<u></u> 618	,830-9100		
	Name of Person		Area Code & Daytime Telephone Number		
Regi Divi Clift 266	REET/COURIER ADDRESS: istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Re Di P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 Hahassee, Florida 32314		
Enc	losed is a check for the following	amount:			
(2) \$.	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy		

TO: Registration Section

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: Baske	et Holdings	LLC		
2. (a) 2102 W Horatio St	(b) 30	(b) 3030 N. Rocky Point Dr.		
Principal office address of limited liability compat (Note: MUST BE STREET ADDRESS)		Mailing address of limited hability company: (Note: MAY BE POST OFFICE BOX)		
Unit A	ST	E 150A		
Tampa, FL 33606	Tar	Tampa, FL 33607		
6/6/2017	L17	000123951		
3. Date of filing/registration in Florida	4.	Document number		
5. (a) Registered Agents Inc.				
Registered Agent and Registered Office shown on the reco	ords of the Florida Dept.	of State:		
3030 N. Rocky Point Dr.				
Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)			
STE 150A				
Tampa	_ _{. FL} 33607			
(b) Registered Agents Inc.				
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	istered Office address:	—————————————————————————————————————		
3030 N. Rocky Point Dr.		FILED SEP 20 PA		
NEW Registered Office Address:				
STE 150A				
Tampa	_, _{FL} 33607			
If the limited liability company is not organized under the change or changes are made, the Florida street addragent will be identical. Or, in the case of a Florida lim was/were authorized by an affirmative vote of the ment the articles of organization or the operating agreement	ress of the registered ited liability compar ibers of the limited l	l office and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in		
Signature of a member or authorized representative of a member	Justin Pana			
		Printed or typed name of signee		
I hereby accept the appointment as registered agent as	nd agree to act in th	is capacity. I further agree to comply with the		

the obligations 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 criting of this change.

Bill Havre - Assistant Secretary
Signature of Registered Agent