11800000 8922

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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C. GOLDEN

JAN 3 0 2019

COVER LETTER

TO: Registration Section

INHS18 (2/14)

Division of Corporations		
SUBJECT: Baloo Lifestyles, LLC Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
John Maddox Name of Person		
Baloo Lifestyles, LLC Firm/Company		
12917 Hunt Club Rd. N.		
Jacksonville, FC 32224		
City/State and Zip Code Madd 7244 © comcast. net E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
John Maddox at 904, 382 8735		
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 \$\square\$ \$55 Filing Fee & Certified Copy		



January 14, 2019

JOHN MADDOX 12917 HUNT CLUB ROAD N JACKSONVILLE, FL 32224

SUBJECT: BALOO LIFESTYLES, LLC

Ref. Number: L18000008922

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

You failed to list the new registered agent in 5(b).

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) 245-6050.

Letter Number: 219A00001074

Claretha Golden Regulatory Specialist II

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. Nan	me of the limited liability company: Baloo Litestyles, LLC
2. (a) _	Alipour, Sattar (b) MADDOX, John
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	3139 Brettungar Dr. 12917 Hunt Club Rd. N.
•	T 1
	Jacksonville, Fl 32246 Jacksonville, Fl 32224
	1/10/18
3.	Date of filing/registration in Florida 4. Document number
5. (a) _	United States Corporation Agents, Inc.
K	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
-	13302 Winding Oak Court A
í	Registered Office Address (MUST BE FRORIDA STREET ADDRESS)
-	
_	1 ampa .FL 33612 = ==================================
(b) _	Tampa FL 33612 JOHN MADDOX inter name of NEW Registered Agent and/or NEW Registered Office address:
	inter name of NEW Registered Agent and/or NEW Registered Office address:
	12917 11 mt Club R1 N1 859 7 19
2	12917 Hunt Club Rd. N. NEW Registered Office Address:
	29 E
_	
_	Jacksonville FL 32224
If the lim	nited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after
tne chang agent wil	ge or changes are made, the Florida street address of the registered office and the business office of the registered II be identical. Or, in the case of a Florida limited liability company, it is bereby confirmed that the change(s)
was/w <u>e</u> re	authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in so of ganization as the operating agreement of the limited liability company.
	Stull (Star TOHN) C. MADOOX
//	e of a member or authorized representative of a member Printed or typed name of signee
provisión the oblica	accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the as of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept at the property of the property of the performance of my position as registered agent as provided for in Chapter 605. F.S. On 15 this description of the performance
to merely notified in	is of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed reflect a change in the registered office address, I hereby confirm that the limited liability company has been in critically of this change.
	four 1/1 acox
Signature o	of Registered Agent
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00