L18000 053 881

(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



400336451084

11/18/13--01013--027 +*25.00

2019 NOV 18 AM 9: 59
SECRETARY OF STATE
TALLAHASSEE, FLORINA

Y STILKER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	BIG DADDY GIRLFRIEND,	LLC	<i>:</i>
SUBJI		ne of Limite	d Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ice Change	and fee(s) are submitted for filing.
Please	return all correspondence concerning th	is matter to	the following:
GUAI	DALUPE AZAMAR-WEBB		
	Name of Person		
HARI	RISON & HELD, LLP		
	Firm/Company	•	
333 V	V. WACKER DR., STE. 1700		
-	Address		
CHIC	AGO, IL 60606		
	City/State and Zip Code		
gawe	bb@harrisonheld.com		
Ï	E-mail address: (to be used for future and	nual report r	notification)
For fu	rther information concerning this matter	, please call	:
GUAI	DALUPE AZAMAR-WEBB	312	803-7106
	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		3 \$55 Filing Fee & Certified Copy

'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

1877 6TH STREET SOUTH			(b) 1877	6TH STREE	ET SOUTH
Principal office address of limite (Note: MUST BE STREE			. ,	•	ss of limited liability compar Y BE POST OFFICE BOX
NAPLES, FL 34102			NAPL	ES, FL 341	<u> </u>
02/28/2018			L18000	0053881	
Date of filing/registratio	n in Florida	4.		Document	number
ZACHARY A. HAMEL					
Registered Agent and Registered Office	shown on the records	of the Flori	da Dept. of S	State:	
1877 6TH STREET SOUTH	4				
Registered Office Address (MUST B		T ADDRE.	<u>SS)</u>		
Registered Office Address (MUST B	BE FLORIDA STREE	TADDRE.		_	2019 SEC TALL
	BE FLORIDA STREE	3/10			ZOI9 NOV I SECRETAL TALLAHAS
NAPLES	BE FLORIDA STREE	3410:	2		ZOI9NOV 18 A SECRETARY O TALLAHASSEE.
NAPLES ROBERT T. NAPIER	BE FLORIDA STREE	3410:	2		ZOI9NOV 18 AM 9: SECRETARY OF SIF
NAPLES ROBERT T. NAPIER Enter name of NEW Registered Agent	BE FLORIDA STREE	3410:	2		≥ 2€
NAPLES ROBERT T. NAPIER Enter name of NEW Registered Agent 801 LAUREL OAK DRIVE	BE FLORIDA STREE	3410:	2	——————————————————————————————————————	2019 NOV 18 AM 9: 59 SECRETARY OF STATE TALLAHASSEELFLORIDA

the articles of organization or the operating agreement of the limited liability company.

ROBERT T. NAPIER, AUTHORIZED REP.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions 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 chapter in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature.of-Registered Agent