<u>L1800071873</u>

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COVER LETTER

TO: Registration Section Division of Corporations

BARRINGTON ENDEAVORS LLC SUBJECT:

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:

ANDREW EVANS

Name of Person

BARRINGTON ENDEAVORS LLC

Firm/Company

1235 Clubhouse Circle

Address

Steamboat Springs, CO 80487

City/State and Zip Code

devonandrewevans@msn.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW EVANS	720 308-3956
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:
2 \$25 Filing Fee	\$55 Filing Fee & Certified Copy



INHS18 (2/14)

\$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 Florida.

1. N	ame of the limited liability company:	TON ENDEAV			
2. (a)	BARRINGTON ENDEAVORS LLC	(b) BA	ARRINGTON ENDEAVO	ORS LLC	
	Principal office address of limited liability company (<u>Nore: MUST BE STREET ADDRESS</u>)			of limited liability company: <u> RE POST OFFICE BOX</u>)	
	1235 Clubhouse Circle	12	1235 Clubhouse Circle		
	Steamboat Springs, CO 80487	Ste	Steamboat Springs, CO 80487		
	March 20, 2018	L18	000071873.		
3.	Date of filing/registration in Florida	-1.	Document number		
5. (a)	Registered Agents Inc.				
J. (a)	Registered Agent and Registered Office shown on the record	ls of the Florida Dept.	, of State:		
	Registered Agents Inc.				
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)			
	3030 N. Rocky Point Dr. STE 150A				
	3030 N. Rocky Point Dr. STE 150A Tampa	.FL_33607		M7.	
(b)		.FL_33607			
(b)	Tampa	, rt	 		
(b)	Tampa Naples Trust Property Management	, rt	 	ز 5	
(b)	Tampa Naples Trust Property Management Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u>	, rt			
(b)	Tampa Naples Trust Property Management Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> Attn Vicki Dedio	, rt	 	ن <u>ت</u>	

the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

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ANDREW EVANS, Manager

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 change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

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Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00