## 18000075347

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SECRETARY OF STATE AHASSEF FLORIDA

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## **COVER LETTER**

TO: Registration <sub>I</sub> Section Division of Corporations	
 Bare Fruition, LLC SUBJECT:	
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Morcie Anderson	
Name of Person	
Dave Carities III O	
Bare Fruition, LLC	<del></del>
Firm/Company	
12401 Orange Grove Dr, Apt 1007	
Address	
Tampa, Florida 33618	
City/State and Zip Code	
Barefruition@gmail.com	
E-mail address: (to be used for future annual rep	oort notification)
For further information concerning this matter, please	call:
Morcie Anderson at (	786 473-8850
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following amou	nt:
<b>☑</b> \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
INHS18 (2/14)	

## 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.

I. No	ame of the limited liability company: Bare Fruition,	LLC						
2. (a)	12401 Orange Grove Dr, Apt 1007		(b)	12401 C	1 Orange Grove Dr, Apt 1007  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
z. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)	;				
	Tampa, FL 33618	_	-	Гатра,	FL 33618			·····
	March 23rd, 2018		L	1800007	75347			
3.	Date of filing/registration in Florida	4.			Document nu	ımber	-	·
5. (a)	United States Corporations Agents, INC.							
J. (a)	Registered Agent and Registered Office shown on the records of	the Flor	ida D	ept. of State	- e:			
						Āσ		
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u>SS)</u>		_	רני	19 A	
	13302 Winding Oak CT, Suite A					AHA	APR.	<u> </u>
	Tampa , FL	33612			-	-5 A		<u></u>
(b)	Morcie Anderson					F STA	AM 9:	ED
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office :	addr	ess:	-	ORIDE	30	
						23 P		
	NEW Registered Office Address:				-			
	12401 Orange Grove Dr, APT 1007				-			
	Tampa , FL	3361	8					
T.C.A 1					- 	ala		
the cha agent v was/wa	imited liability company is not organized under the layinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited licere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	the regability of the li	giste con: imite	red office pany, it is ed liabilit	e and the busing hereby conting your contractions or the contractions and the contractions of the contract	ness office o	of the ie cha	registered inge(s)
	Nowie Chalesson			ie Ander	-			
Signa	ture of a member or authorized representative of a member	_			Printed or types	d name of sign	ec	
provisi the obl to mer	by accept the appointment us registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide lety reflect a change in the registered office address, I do not not a change in the change.	ee to a perfor d for ir hereby	ict ir man 1 Ch con	this cape ce of my e apter 605 firm that	acity. I furthe duties, and I a 5, F.S. Or, if t the limited lia	er agree to c im familiar his documen ibility compo	comply with a nt is b any he	y with the ind accept seing filed as been
Signatu	Torrie (Indorrison  re of Registered Agent							

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