## L18000087122

(Requestor's Name)							
(Address)							
(Address)							
(Addiess)							
	<u></u>						
(City/State/Zip/Phone #)							
<b></b>							
PICK-UP	MAIT	MAIL					
	siness Entity Nar	ne)					
(=	,	,					
(Document Number)							
Certified Copies	Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:						
		İ					
	•						





100313620141

05/23/18--01023--004 \*\*25.00

2018 MAY 23 PK 4: 30

B FIGUEROA MAY 25 2018

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: BADGER B	Name of Limited Liability Company
Dear Sir or Madam:	
The anglocad Pagistored August/Pagistore	d Office Change and fee(s) are submitted for filing.
	-
Please return all correspondence concerni	ng this matter to the following:
JOHN BALCHUNAS	>
Name of Person	
BADGER BROTTIERS CONTS	LACTING LLC
P.O. Box 700366 Address	
Addicos	
WABASSO, FL 329 City/State and Zip Co	167
City/State and Zip Co	ode
BADGERBROS17@ GA	MAIL . COM
E-mail address: (to be used for futur	e annual report notification)
For further information concerning this m	atter, please call:
Name of Person	at ( 772 ) 281 ~ 1441 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, Florida 32301	S: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the follo	owing amount:
\$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.

r m aa.	0	_		_			
1. Name of the limited liability company:	<u>DADGER</u>	Bro	171129-5	CONTRACT	7.UČ-	LL	L
2. (a) 1401 SE LADNER !	Sit	(b)	ρ.υ	Box 70	2036	· 6	
Principal office address of limited lia	ibility company:			failing address of li (Note: MAY BE I		-	
( <u>Note: MUST BE STREET A</u>			1		_	11101.	<u>110.4</u> )
PORT ST LUCIE,	<u> </u>			JABASSO,			
34983				320	161	<del>-</del>	
APR 05, 201	8		L 181	0000871	22		
3. Date of filing/registration in	ı Florida	4.		Document number	oer		
5. (a) JOHN BALCHUM	PAS						
Registered Agent and Registered Office sho	wn on the records of th	ne Florida D	ept, of State	:			
1401 SE LADNES					že <sub>to</sub>	201	
Registered Office Address (MUST BE F		<u>DDRESS)</u>			(	2018 MAY	٠.
PORT ST LUCIO					SS SS	Y 23	
	, FL_	3498	: 3		STE STE		; 
					LAHASSEE, ELORIO	PM 4: 30	Ċ
(b) Enter name of NEW Registered Agent and	for NEW Registered C	Office addr	ess:			÷. ယ္	
					· <del>=</del> .	رب	
8050 OLD D.	XIE Hwy						
NEW Registered Office Address:	/						
WABASSO				-			
		210.	,				
<u></u>	, FL_	3296	<u> </u>	-			
If the limited liability company is not organ the change or changes are made, the Florida agent will be identical. Or, in the case of a was/were authorized by an affirmative vote the articles of organization or the operating  Signature of a member of authorized tepresentative I hereby accept the appointment as registed provisions of all statutes relative to the prothe obligations of my position as registered to merely reflect a change in the registered	street address of Florida limited lia of the members of agreement of the l	the registe bility confitted limited lie	ered office npany, it is ed liability ability con	e and the business hereby confirm y company or as apany.  Printed or typed notices. It further actives to the business.	ss office ned that others was S ame of s	t the el	e registered hange(s) ovided in
notified in whiting of this change.							
Signature of Registered Agent							
Division of Cora	norations• P.O. B	3ox 6327	Tallaha:	see, FL 32314			

**FILING FEE: \$25.00**