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(F	Requestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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COVER LETTER

Division of Corporations		
SUBJECT: Bib Annie's Place LLC Name of Limited Liability Company		
Came of Samuel Samuely 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:		
Tamar L. Taylor, Name of Person		
Firm/Company		
883 374h 57 Address		
Address		
WPB, FL 33407 City/State and Zip Code		
NONE E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Tarrar L. Taylor at 501, 891.0549 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 Enclosed is a check for the following amount: MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 Tallahassee, Florida 32301		

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

☐ \$25 Filing Fee

TO: Registration Section

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 ioriaa.	
1. Name of the limited liability company: Big Annie's Place	e LLC
2. (a) 1370 Ave "E", Riviera Beh FL, (b) 823	37th ST, WPB, FL 3340
Principal office address of limited liability company: 33404 (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1370 AVE E 823	37th or
RIVIERA BOH, FL 33404 WF	7B, FL 33407
05/04/2018 L180	000112504
3. Date of filing/registration in Florida 4.	Document number
5. (a) lamar L. laylor	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	s 2 1
11) 150 Ban 20h 33467	ECR TAL
TORRE TORREST OF THE	LE IA
(b) Demetrius M. limms	HASY
Enter name of NEW Registered Agent and/or NEW Registered Office address:	AN IO:
145 344h st	
NEW Registered Office Address:	· IE 7
RIVIERO BOH FL 33404	
If the limited liability company is not organized under the laws of the State of Flo	rida, it is hereby confirmed that after
the change or changes are made, the Florida street address of the registered office 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 the articles of organization or the operating agreement of the limited liability com	company or as otherwise provided in pany.
Tamar Tamar	
Signature of a member of 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 capa provisions of all statutes relative to the proper and complete performance of my a the obligations of my position as registered agent as provided for in Chapter 605, to merely reflect a change in the registered office address, I hereby confirm that the national in writing of this change.	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Denutrus M. Ulmms Signature of Registered Agent	