Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H19000159103 3)))



H190001591033ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : PARASEC

Account Number : 120180000086

: (916)576-7000 Fax Number : (800)603-5868

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

∹:

LLC REGISTERED AGENT CHANGE **BUZZBAIT HOLDINGS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

MAY 1.7 2019

M. SOLOMON

Electronic Filing Menu

Corporate Filing Menu

Help

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: BUZZBAIT HO	DLDIN	IGS LLC			
2. (a)		(b)	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `	· · · · · · · · · · · · · · · · · · ·	Mailing address of limited li	ability comp	pany:
	2125 NW 16TH ST			(Nota: MAY BE POST C)FFICE BO	<u>1X</u>)
	DELRAY BEACH, FL 33445	_				
	06/05/2018		L1800013	39624		-
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LEGALINC CORPORATE SERVICES INC.					
()	Registered Agent and Registered Office shown on the records of the	e Florid	a Dept. of State	- b:		
	5237 SUMMERLIN COMMONS BLVD STE 4		-		5 	59 59
	Registered Office Address MUST BE FLORIDA STREET AL	D <i>DRES</i>	<u>s)</u>	•	- 13 - 14	¥.
						<
	FORT MYERS	33907		•		5
		-				3 >
(b)	ROCKET LAWYER CORPORATE SERVICE	SLL			103 125 125	AH 10: 40
-	Enter name of NEW Registered Agent and/or NEW Registered O	office nd	dress:		554	<u>0</u>
	155 OFFICE PLAZA DRIVE, 1ST FLOOR				9.	
	NEW Registered Office Address:					
	THE TOTAL OF THE PARTY OF THE P					
	TALLAHASSEE3	2301				
	, FL,					
igent w	mited liability company is not organized under the laws nge or changes are made, the Florida street address of the identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the of organization or the operating agreement of the limited of t	ility co	stered office mpany, it is	and the business office hereby confirmed that	of the re	gistered
		JES	SICA SCHO	LL, AUTHORIZED REF	PRESENT	ATIVE
	re of a member or authorized representative of a member			Printed or typed name of sig	mee	
i neren rovisió he oblis o merel otified	y accept the appointment as registered agent and agree ms of all statutes relative to the proper and complete per gations of my position as registered agent as provided five reflect a change in the registered office address, I her in writing of this change.	to act erforma or in C reby co	in this capa ince of my d hapter 605, nfirm that th	city. I further agree to uties, and I am familian F.S. Or, if this docum ne limited liability comp ne limited liability comp	comply w with and ent is bein pany has	rith the laccept ng filed been
ignature	e of Registered Agent					

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

INHS18 (2/14)

H190001591033