8/8/2018

## L18000 18090

## Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

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From:

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Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE FIREFLY GOODS LLC

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AUG 0 9 2018

## 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.

Name of the limited liability company: Firefly Goods LLC					
2. (a)	11455 GULF BLVD	<sub>(b)</sub> 11455	(b) 11455 GULF BLVD		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	APT 201	APT 20	)1		
	TREASURE ISLAND, FL 33706	TREASL	URE ISLAND, FL 33706		
	07/27/2018	L18000	180907		
3.	Date of filing/registration in Florida	4.	Document number		
£ ()	FLORIDA REGISTERED AGENT LLC				
5. (a)	Registered Agent and Registered Office shown on the record	ds of the Florida Dept, of Stat	- e:		
	3030 N ROCKY POINT DR				
A CONTRACTOR OF A CONTRACTOR O					
	Tampa	<sub>FL</sub> 33607	AUC -8		
(b)	Registered Agents Inc.		-8 PM 2: 37		
, ,	Enter name of NEW Registered Agent and/or NEW Regis	tered Office address			
	3030 N. Rocky Point Dr.		. · · ω		
	NEW Registered Office Address.				
	STE 150A		_		
	Tampa	FL_33607	_		
the cha agent was/w the art	limited liability company is not organized under thange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limit ere authorized by an affirmative vote of the membicles of organization or the operating agreement of	ess of the registered officed liability company, it bers of the limited liability the limited liability co	is hereby confirmed that the change(s) ty company or as otherwise provided in		
	ature of a member or authorized representative of a member	Riley Park_	Printed or typed name of signee		
I here provise the ob- to men notifie	the of a member of authorized representative of a member of the appointment as registered agent and constitutes of all statutes relative to the proper and complications of my position as registered agent as properly reflect a change in the registered office addressed by riting of this change.  Bill Havre -Pressure of Registered Agent	d agree to act in this cap plete performance of my ovided for in Chapter 66 ess, I hereby confirm tha sident			