Division of Corporations Electronic Filing Cover Sheet

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LLC REGISTERED AGENT CHANGE **BURLY DEFENSE LLC**

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Corporate Filing Menu

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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: BURLY DEFE	NSE LLC	
2. (a)			
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (~)_	Malling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2676 ATTLEBORO PLACE		
	APOPKA, FL 32703		
	08/02/2018	L1	8000185760
3.	Date of filing/registration in Florida	4,	Document number
5. (a	LEGALING CORPORATE SERVICES INC.		- 10 To
J. (#)	Registered Agent and Registered Office shown on the records of t	he Florida De	pl. of States
	5237 SUMMERLIN COMMONS BLVD STE 400		5 5
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	FORT MYERS, FL	33907	
(b)	ROCKET LAWYER CORPORATE SERVICE	ES LLC	
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	as:
	155 OFFICE PLAZA DRIVE, 1ST FLOOR		
	NEW Registered Office Address:		
	TALLAHASSEE ,FL	32301	
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liawere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the register bility comp f the limite	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
$- \frac{1}{2}$	osa Shill	JESSK	DA SCHOLL, AUTHORIZED REPRESENTATIVE
81811	sture of a member or authorized representative of a member		Printed or typed name of signee
the obto	eby accept the appointment as registered agent and agrifications of all statutes relative to the proper and complete ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ee to act in performand I for in Cha iereby confi	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accept spier 605, F.S. Or, if this document is being filed irm that the limited liability company has been
Signat	use of Registered Agent		•

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

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