L18000218164

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S. YOUNGA

COVER LETTER

Division of Corporations Big Bend Industrial Supply LLC | L18000218164 SUBJECT: Name of Limited Liability 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: Lisa Miller Name of Person Big Bend Industrial Supply LLC Firm/Company 1617 San Damian Road Address Tallahassee FL 32303 City/State and Zip Code LDMiller10@aol.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Lisa Miller Area Code & Daytime Telephone Number Name of Person STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount: ☑ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy

TO:

Registration Section

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTÉRED ÀGENT 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: Big Bend Ind	ustrial S	Supply LL(0			·= ·
2. (a)	Big Bend Industrial Supply LLC	(b) Big Bend Industrial Supply LLC					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limit (Note: MAY BE PO)		-	-
	4909 N Monroe St		4909 N I	Monroe St		_	
	Tallahassee FL 32303		Tallahas	see FL 32303			
	Sept 14 2018		L1800021	18164			
3.	Date of filing/registration in Florida	 4.		Document number	,		
5. (a)	Big Bend Industrial Supply LLC						
J. (ii)	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- 2:			
	A. Lance Coalson						
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u></u>	-			
	4909 N. Monroe St.						
	Tallahassee , FI	32303	· ·		MACC SEC	18	
(b)	Lisa Miller				AHAS	NGV -2	T
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	•	in :		m
	Lisa Miller				- STATE FLORID	A¥ :8: 14	
	NEW Registered Office Address:			•	A DE	1	
	1617 San Damian Rd						
	Tallahassee, FL	32303					
the cha agent w was/we the arti- Signat	imited liability company is not organized under the large or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members of cles of organization or the operating agreement of the understanding the organization of the operating agreement of the understanding of a member of a member or authorized representative of a member of	the reginability confitted limited lim	stered office ompany, it is nited liability liability com a Miller	e and the business of shereby confirmed we company or as oth apany. Printed or typed name active. I further agree	of signee	the rechangerovic	gistered ge(s) led in
provisie the obli to mere notifica	ons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I I in writing of this change.	perform d for in (hereby c	ance of my a Chapter 605, onfirm that i	unies, and I am fan , F.S. Or, if this do the limited liability	nttar wi cument compan	ın and is bei y has	a accept ng filed been

Signature of Registered Agent