

L18000228842

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

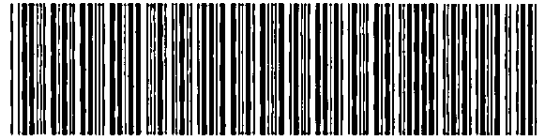
(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

OCT 17

S. PRATHER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Always Sunny In Bakersfield, LLC

Name of Corporation

DOCUMENT NUMBER: L18000228842

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michael Lagnese

Name of Contact Person

Self

Firm/Company

9373 Campanile Cir

Address

Naples, FL 34114

City/State and Zip Code

mikelagnese@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Lagnese

Name of Contact Person

at (310) 6667665

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RECEIVED

OCT 15 2018

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of Florida _____ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: Always Sunny In Bakersfield, LLC
2. The principal office address: 9373 Campanile Cir., Naples FL 34114
3. The mailing address (if different): _____

4. Date of incorporation/qualification: Sep. 26 2018 Document number: L18000228842

5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

Michael Lagnese

12665 Village Lane #1203

Los Angeles, FL 90094

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

Michael Lagnese

9373 Campanile Cir.

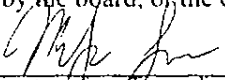
P.O. Box NOT acceptable

Naples, FL 34114

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SECRETARY OF STATE
TALLAHASSEE, FL

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

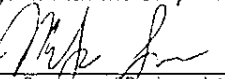


Signature of an officer or director

Michael Lagnese - Manager

Printed or typed name and title

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.



Signature of Registered Agent

October 3, 2018

Date

If signing on behalf of an entity:

Michael Lagnese

Typed or Printed Name

***** FILING FEE: \$35.00 *****

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)

** ADD FEE REQUIRED - SEE ATTACHED FEE SCHEDULE*