C18 000 257743

Florida Department of State
Division of Corporations
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    Division of Corporations
    Fax Number   : (850) 617-6383

From:
    Account Name   : LEGALZOOM.COM INC.
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    Phone   : (323) 962-8600
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LLC REGISTERED AGENT CHANGE
BARRED OWL ENTERPRISES LLC

Certificate of Status	0
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EXAMINER

2018 DEC -7 AM 10: 04
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TALLAHASSEE, FLORIDA
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COVER LETTER

TO: Registration Section
        Division of Corporations

SUBJECT: **BARRED OWL ENTERPRISES LLC**
        _____
                        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:

Cheyenne Moseley
_____
                Name of Person

Legalzoom.com, Inc.
_____
                Firm/Company

101 N. Brand Blvd., 10th Floor
_____
                Address

Glendale, CA 91203
_____
                City/State and Zip Code

rogerschwenk@att.net
_____
        E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cheyenne Moseley   800   773-0888 ext 9724
_____ at (_____) _____
        Name of Person   Area Code & Daytime Telephone Number

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

INHS18 (2/14)

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. Name of the limited liability company: **BARRED OWL ENTERPRISES LLC**

2. (a) _____
   Principal office address of limited liability company:
   (Note: MUST BE STREET ADDRESS)

   14590 BARRED OWL WAY

   JACKSONVILLE, FL 32259

   (b) _____
   Mailing address of limited liability company:
   (Note: MAY BE POST OFFICE BOX)

   14590 BARRED OWL WAY

   JACKSONVILLE, FL 32259

   11/02/2018   **L18000257743**

3.   Date of filing/registration in Florida   4.   Document number

5. (a) _____
   Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

   UNITED STATES CORPORATION AGENTS, INC.

   Registered Office Address   *(MUST BE FLORIDA STREET ADDRESS)*

   13302 WINDING OAK COURT A

   TAMPA   , FL **33612**

   (b) _____
   Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

   Roger Schwenk

   NEW Registered Office Address:

   14590 Barred Owl Way

   Jacksonville   , FL **32259**

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

_____   **Roger Schwenk**
Signature of a member or authorized representative of a member   Printed or typed name of signee

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 obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

_____
Signature of Registered Agent

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

INHS18 (2/14)