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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	BEES AND BUTTONS LLC					
	Name of Limited Liability Company					
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.				
Please re	eturn all correspondence concerning this	matter to the following:				
DINA H	HOLMLUND					
•	Name of Person					
BEES	AND BUTTONS LLC					
	Firm/Company	<i>□</i> #				
08/1	8th Ave W, Suite 114					
	Address					
PALME	ETTO, FL 34221					
	City/State and Zip Code					
ADMIN	I@BEESANDBUTTONS.COM					
E-n	mail address: (to be used for future annua	Il report notification)				
For furth	er information concerning this matter, p	lease call:				
DINA H	IOLMLUND	813 410 2470				
	Name of Person	Area Code & Daytime Telephone Number				
H [(2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Elifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. Florida 32314				
ı	Enclosed is a check for the following a	mount:				
Ş	2 \$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. N	ame of the limited liability company: BEES AN	D BUTTO	NS LLC			
2. (a)	1180 8TH AVE W	(<u> </u>	, 1180 8T	H AVE W		
()	Principal office address of limited liability company (<u>Note</u> ; <u>MUST BE STREET ADDRESS</u>)		/ —	Mailing address of limited liab (Note: MAY BE POST OF	-	
	SUITE 114		SUITE 1	14		
	PALMETTO, FL 34221		PALMET	ГТО, FL 34221		
	11/13/2018		L1800026	35813		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	DINA VILLALBA SANCHEZ					
J. (a)	Registered Agent and Registered Office shown on the record	ds of the Florid	a Dept. of State	11		
	725 OAK ST SW					
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRES.	<u>S)</u>			
				4-		
	RUSKIN	. FL 33570		SECR TAL	20191	4
(b)	DINA HOLMLUND			LAH	10V 2	
()	Enter name of NEW Registered Agent and/or NEW Registered Office address:			ASS TI		m
	1180 8TH AVE W			FILED 2019 NOV 25 PM 12: 29 SECRETARY OF STATE TALLAHASSEE, FL		
	NEW Registered Office Address:			, <u>H</u>	29	
	SUITE 114					
	PALMETTO	. FL 34221				
the cha	imited liability company is not organized under thange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited authorized by an additionative vote of the membicles of organization or the operating agreement of	ss of the regi ed liability of ers of the lin f the limited	stered office ompany, it is nited liability liability com	and the business office	of the	e registered

Division of Cornerations P.O. Roy 6327 Tallahassas El 32314

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.

Printed or typed name of signee

Signature of a member or authorized representative of a member

Signature of Registered Agent