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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: LLC REGISTERED AGENT CHANGE **B&K LIVESTOCK LLC** Certificate of Status **ූ**ත 0 Certified Copy 02 Page Count \$25.00 Estimated Charge

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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

Floria			
1. N	ame of the limited liability company: ${\sf B\&K\ L}$	IVESTOCK I	LLC
2. (a)	23382 VAN BUREN AVE.	(b) PO B	OX 66
2. (u)	Principal office address of limited liability company ( <u>Note: MUST BE STREET ADDRESS</u> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	PORT CHARLOTTE, FL 33980	FORT	r OGDEN, FL 34267
	01/29/19	L1900	0029662
3.	Date of filing/registration in Florida	4.	Document number
	LINITED STATES CODDODATION AGE	ENTS. INC.	
5. (a	Registered Agent and Registered Office shown on the recor		tate:
	5575 S. SEMORAN BLVD.		
	Registered Office Address (MUST BE FLORIDA STR.	EET ADDRESS)	<del></del>
	SUITE 36		7. 2
	Orlando	FL 32822	
		_, 1112	- :
(b)	Registered Agents Inc.		
,	Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:	
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		<u></u>
	St. Petersburg	, FL 33702	
the chagent was/\ the an Sign I her provide the one to me	limited liability company is not organized under the hange or changes are made, the Florida street addressill be identical. Or, in the case of a Florida limit were authorized by an affirmative vote of the membracicles of organization or the operating agreement of the agreement of a member or authorized representative of a member reby accept the appointment as registered agent and so of all statutes relative to the proper and combiligations of my position as registered agent as properly reflect a change in the registered office addressed in writing of this change.	ess of the registered officed liability company, in the limited liability of the limited liability of the limited liability of Riley Park	Printed or typed name of signee  Printed or typed name of signee  Printed or typed name of signee

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent