L19000082975

(Re	questor's Name)	
(Ad	dress)	
(Add	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



900407800269

05/01/23--01025--003 **55.00

2023 MAY - 1 PH 1: 14 \$50(c) / 2 / 2 / 24/5

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bulley Wraps Name of Limited I	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	I fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Rodner Low & Name of Person	·
Bulley Wraps LLC Firm/Company	
3469 W. Boynton Bch Blo. Address	d. guite - 2 PMB 1194
Boynson Boh Flo. 33486 City/State and Zip Code	
Freshwess Of anail. com E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Rodnes Lowe at (56/ Name of Person	729-742/ Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ S	\$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.

sumits the johowing statement in order to change its registered	i office of register	eu agent, or boin, in in	e state of Florida.
1. Name of the limited liability company: Bulley	Wraps	LLC	
2. (a) 3469 W Boynton Beh Blud Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 346	9 W Boyny Mailing address of limited li (Note: MAY BE POST O	ability company:
Bounton Beh, F1 33486	Boulnt	on Boh. Fl	. 394 3 6_
Suite 2 PMB 1194	Suite	2 PMB 11	94
April 26, 2023 Date of filing/registration in Florida	4. <u>L19</u>	0008297 Document number	5
5. (a) Registered Agent and Registered Office shown on the records of the	Florida Dent of State	-	
3469 W Boynton Beh Blud Registered Office Address (MUST BE FLORIDA STREET AD)		-	
Bounton Ach, # 33436		-	
Chia mala dana	<u>35436</u>	-	
Enter name of NEW Registered Agent and/or NEW Registered Of	ffice address:	- 	28
3469 W Boynton Bch Blud			33 III
NEW Registered Office Address: Suite 2 PMB 1194		- 1.11 - 1.11	<u>1</u>
Boynton Bch , FL_	33436	(일). 전(편) -	Assets 1 ** The second of th
If the limited liability company is not organized under the laws change or changes are made, the Florida street address of the reagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability.	gistered office and lity company, it is he limited liability nited liability com	d the business office of thereby confirmed that y company or as otherways.	the registered the change(s) vise provided in
Signature of a member or authorized representative of a member	Kodney	Printed or typed name of s	umee
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete pethe obligations of my position as registered agent as provided for merely reflect a change in the registered office address, I her notified in writing of this change.	to act in this can	acity I further agree to	comply with the

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

Signature of Registered Agent