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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

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LLC REGISTERED AGENT CHANGE **BABETTE BOOKS LLC**

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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.

1. N	ame of the limited liability company: Babette	Book	s LLC		<u>_</u>
2 (a)	242 AVENUE L	(h	, 242 A\	/ENUE L	
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(`	<i>'</i> —	Mailing address of limited li (Note: MAY BE POST C	
	DELRAY BEACH, FL 33483	_	DELRA	Y BEACH, FL 3348	3
	04/24/2019		L19000	111657	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	, UNITED STATES CORPORATION AGENT	S, INC.			
J. (u	Registered Agent and Registered Office shown on the records of	the Florida	n Dept. of Stat	de:	
	5575 S. SEMORAN BLVD				202
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES!	5)	-	2020 APR
	SUITE 36				ૐ ~>
	ORLANDO F	3282	2	_	9
				•	PH 2:
(b)		- Office as			<u>က</u>
	Enter name of NEW Registered Agent and/or NEW Registere	<u>ц (инсе ас</u>	<u>101(435</u> .		_ 00
	7901 4th St N				
	NEW Registered Office Address:			****	
	STE 300			<u></u>	
	St. PetersburgF	լ <u>3370։</u>	2	_	
sign the or sign that the or si	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lawere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the mature of a member or authorized representative of a member reby accept the appointment as registered agent and assistence of all statutes relative to the proper and complete bligations of my position as registered agent as provided by reflect a change in the registered office address, and in writing of this change.	of the regliability cof the firmited	ompany, it nited liabili liability co ey Park	ee and the business of it is hereby confirmed the ity company or as other impany. Printed or typed name of practice. I further agree	at the change(s) rwise provided in Signee

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

- Assistant Secretary

Bill Havre

Signature of Registered Agent