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COVER LETTER

то:	Registration Section Division of Corporations						
SUBJ	Buttermilk Holding LLC						
.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Office	Change a	and fee(s) are submitted for filing.				
Please	return all correspondence concerning this n	natter to t	he following:				
paul	rohr						
	Name of Person						
butte	rmilk holdings						
	Firm/Company						
2160	lagoon drive			19			
	Address			19 0CT 2Կ			
Dune	edin, fl 34698			2Կ			
	City/State and Zip Code			AH 8:			
prohr	c.csc@gmail.com			0.1			
	E-mail address: (to be used for future annual	report no	otification)				
For fu	rther information concerning this matter, ple	ease call:					
paul		727 at (639-1191				
	Name of Person		Area Code & Daytime Telephone Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
	Enclosed is a check for the following an						
	☑ \$25 Filing Fee	ت	\$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.

l. N	ame of the limited liability company: buttermilk hole	dings IIc			
2. (a)	Paul rohr	(b) _			
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	2160 lagoon drive				
	Dunedin, fl 34698		·		
	10/21/2019	L1	9000144718		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a	AGENTS AND CORPORATIONS, INC				
,, (u	Registered Agent and Registered Office shown on the records of t	the Florida De	pt. of State:		
	300 FIFTH AVE SOUTH STE 101-330				
(b)	Registered Office Address (MUST BE FLORIDA STREET)	(DDRESS)			
	naplesFL	34012	A WILL		
	linsey rohr		DCT 24		
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>S</u> ;		
	2160 lagoon drive		AH 8: 01		
	NEW Registered Office Address:		01 Are		
	dunedin , FL	34698			
he chagent was/was/whe art Sign: I hereorovische obsolo mei	limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited havere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the attrevor a member or authorized representative of a member why accept the appointment as registered agent and agreeions of all statutes relative to the proper and complete beligations of my position as registered agent as provided rely reflect a change in the registered office address. It is a first interest of this change.	the register ability composite the limited liab limited liab liab limited liab liab limited liab liab liab liab liab liab liab liab	red office and the business office of the registered pany, it is hereby confirmed that the change(s) deliability company or as otherwise provided in polity company. Printed or typed name of signee this capacity. I further agree to comply with the capacity duties, and I am familiar with and acceptance of my duties. Or, if this document is being filed.		

Signature of Registered Ag