L1900016366Z

(Requestor's Name)							
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05/16/22--01025--030 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Big Buildings Direct, LLC	
Name of L	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
David W. Adams	
Name of Person	
Bennett, Jacobs & Adams, P.A.	
Firm/Company	
Post Office Box 3300	
Address	
Tampa, FL 33601	
City/State and Zip Code	
dadams@bja-law.com	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Linda D. Lee, Paralegal at (272-1400, Extension 141
Name of Person	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 amoun	ıt:
■ \$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.	Na	ame of the limited liability company: Big Buildings Direction	ct, LL(<u> </u>			
2. (Principal office address of limited liability company:		(b)	Mailing address of lin	mited liability comp	any:
		(Note: MUST BE STREET ADDRESS)	_		(<u>Note: MAY BE P</u>	POST OFFICE BO	<u>x</u>)
		06/21/19	-	L190001	63662		
3.		Date of filing/registration in Florida	4.		Document number	er	
5. ((a)	United States Corporation Agents, Inc. (Resigned 02/07/22)					
. ,	(-)	Registered Agent and Registered Office shown on the records of the	e Florie	la Dept. of S	State:		
		5575 S. Semoran Boulevard, #36					
		Registered Office Address (MUST BE FLORIDA STREET AL	DORES	<u>-</u>			
		Orlando , FL	2822			2022 SEC FALL	
(Ì	b)	Enter name of NEW Registered Agent and/or NEW Registered O				~ <u>-</u> - 1	
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u>	ffice a	ddress:		AY 16 (ETAR) (HASS	-
		David W. Adams				5 PH 12: 42 Y OF S16: 1	
		NEW Registered Office Address:	<u>-</u> -			- 1 Si 2	
		2109 East Palm Avenue, Suite 300A					
		Tampa , FL, FL	3605				
chan agen was/	ge t w	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the limited liability.	gister ility c the lir	ed office ompany, i nited liabi	and the business offi t is hereby confirmed lity company or as o	ice of the registed that the change	red e(s)
), ,	MANULUM		vid W. Ada	• •		
Şig	nat	ure of a member or authorized representative of a member			Printed or typed nan	ne of signee	
proy the o to m	isio bli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided f by reflect a change in the registered office address, I her in writing of this change.	to ac erform or in reby c	t in this co cance of m Chapter 6 onfirm the	apacity. I further ag ty duties, and I am fa 05, F.S. Or, if this a at the limited liability	gree to comply wamiliar with and document is bein y company has i	ith the accept g filed been
Sim	atur	c of Registered Agent					