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#### **COVER LETTER**

Division of Corporations
SUBJECT: Bumpkin Wood Works LLC.  Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Bompkin Woodworks 26C.  Firm/Company  10347 Lynnwood Ave.
Lake Wales FC. 33898  City/State and Zip Code
Country Cat Housing a Chiail. Gom  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gregory White at 772, 985-5529

### STREET/COURIER ADDRESS:

Name of Person

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

### MAILING ADDRESS:

Area Code & Daytime Telephone Number

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

TO:

**Registration Section** 

☐ \$55 Filing Fee & Certified Copy

## 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

Florida.	. \	v
1. Name of the limited liability company: Bou Okin	Woodworks	11c.
2. (a) United States Corp. AGENCEY, TWO Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing addres ( <u>Note: MA</u> )	ss of limited liability company:  Y BE POST OFFICE BOX)
5575 S. Semoran Blud.	<u>5515 S.S</u>	Semoran Blud.
Soite #36 orland o FL 32822	Suite #36	Orlande Fc 3282.
o 10-29-19		
3. Date of filing/registration in Florida 4.	Document	number
5. (a) United States Corp. Agency it	16	
Registered Agent and Registered Office shown on the records of the Florid		
	•	
Registered Office Address (MUST BE FLORIDA STREET ADDRES.	<u></u>	
	<b>≟</b>	<u> 19</u>
5575 S. Se Moran Blud.	<del></del>	7 T
Soile #36 orlains & FL 32	237	
		Ch   177
(b) Gregory Al. White		3 3 5
Enter name of NEW Registered Agent and/or NEW Registered Office ac	<u>ldress</u> :	
Lind - A		
7017 - Command Afre	<del></del>	•
NEW Registered Office Address:	_	
Gregory White 10347 Lynn wood	Ave-	
	_	
Lake Wales FL 3.	3898	
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regingent will be identical. Or, in the case of a Florida limited liability of was/were authorized by an affirmative vote of the members of the limited articles of organization or the operating agreement of the limited.  Signature of a member or authorized representative of a member	stered office and the bu ompany, it is hereby cor nited liability company of	siness office of the registered infirmed that the change(s) or as otherwise provided in
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform the obligations of my position as registered agent as provided for into merely reflect a change in the registered office address, I hereby constituting of this change.  Summer [1]	t in this capacity. I furt ance of my duties, and i Chapter 605, F.S. Or, i onfirm that the limited l	her agree to comply with the I am familiar with and accept I this document is being filed liability company has been

Signature of Registered Agent