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COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT: Back BAY	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:							
Chris Los							
Back Bayou Firm/Company	LLC						
7267 Mobile H	1,5 LWS						
Pen SACOlg II 3. City/State and Zip Co	2526 de						
Escobarracing@YALad. Com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:							
Chris Escobs: Name of Person	at (850) 572-7802 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:							
2 \$25 Filing Fee	S55 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.

		4.0	**		•
1. Na	ime of the limited liability company: Back	BAYOU	LLC		
2. (a)	7267 mobile Highway	(b) 726	7 M	26,1P A	1, GL 4, A
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	M		limited liability co	
	Pensarola, II 32526	_ Pin	5,200/2.	K132	526
		<u>. </u>			
	2/7/20	L20	00004	1500C	2
3.	Date of filing/registration in Florida		Jocument num	·	
5. (a)	United States Carporation Agen Registered Agent and Registered Office shown on the records of the	ts, Inc.			
		3/vd 36		7A. 2	
	Registered Office Address (MUST BE FLORIDA STREET A			DET H	
				HAR I	
	Orlando FL	32822		5 / SEE.	
(b)	Challe Sano			AH 8:)F STA . FLOR	Ö
(0)	Enter name of NEW Registered Agent and/or NEW Registered O	Office address:		AYE	
	7267 mobile Highway				
	Pensacola Fl 32526				
	, FL_	<u> </u>			
change agent w was/we	imited liability company is not organized under the law, or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liability.	egistered office and pility company, it is l the limited liability	the business o hereby confirm company or as	ffice of the regined that the cha	istered .nge(s)
1		Chris	Esto		
-	ure of a member or authorized representative of a member				
provisu the obli to mere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I had in writing of this change.	e to act in this capac erformance of my di for in Chapter 605, creby confirm that th	city. I further outies, and I am F.S. Or, if this te limited liabi	agree to comply Jamiliar with a s document is b lity company ho	v with the ind accept eing filed is been
Signatur	ndu Japa re of Registered Agenti				

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