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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

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## LLC REGISTERED AGENT CHANGE **BOURNE WINNER 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: Bourn	ie Winne	er LLC				
2. (a)		(b	)				•
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing address of limited liab (Note: MAY BE POST OF				
	7901 4th St N STE 300		7901 4th	St N ST	E 300		
	St. Petersburg FL 33702		St. Petersb	ourg FL 33	702	_	
	06/15/2020		L2000	0164156			
3.	Date of filing/registration in Florida	4,		ocument nur	nher		
5. (a)	BOURNE, KARL A, JR						
	Registered Agent and Registered Office shown on the reco	ords of the Florida	Dept. of State:				
	1730 BLOSSOMWOOD LN						
	Registered Office Address (MUST BE FLORIDA STE	REET ADDRESS	<del>)</del>				
						2023 HAR 3 I	
	ORLANDO	FL_ <u>3281</u> .	8			ĦAR	2
(b)	Registered Agents Inc				•	<u> </u>	FILE
,-,	Enter name of NEW Registered Agent and/or NEW Registered Agent	istered Office add	dress:			PH	<u>;;;</u>
	7901 4th St N					?:	۳
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	<del></del>			~1	
	STE 300						
	St. Petersburg	<sub>FL</sub> 33702	}				
the cha agent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under tange or changes are made, the Florida street addrewill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the memicles of organization or the operating agreement of a member or authorized representative of a member by accept the appointment as registered agent and	ess of the regis ited liability co bers of the lim of the limited l	stered office are impany, it is he ited liability co- iability compa Robin Pr	nd the busing treby confir company or a ny.  Jones inted or typed try. I further	ess offic med that is otherw name of s	e of the classification to the classification to the classification to the control of the contro	e registered hange(s) ovided in
to mer	ions of all statutes relative to the proper and com ligations of my position as registered agent as pr ely reflect a change in the registered office addre of in writing of this change.  David Roberts - Ass	ess, I hereby co	mfirm that the	ies, and r th S. Or, if th limited liah	is docum pility com	u wun nent is npany	being filed has been

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

David Roberts - Assistant Secretary

Signature of Registered Agent