

L20 0000 246543

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

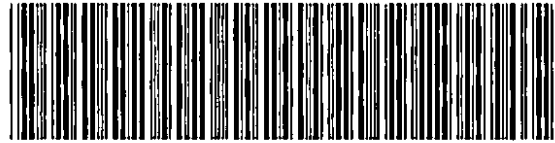
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700353405157

10/13/20--01014--023 **25.00

2020 OCT 13 PM 1:24

STATE OF TEXAS
COMPTROLLER OF PUBLIC ACCOUNTS

FILED

NOV 18 2020

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FWS Bahama's 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:

Processing

Name of Person

Corporate Capital inc.

Firm/Company

7848 W Sahara Ave

Address

Las Vegas NV 89117

City/State and Zip Code

processing@corporatecapitalinc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Processing

Name of Person

at (702)

623-2500

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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2020 OCT 13 PM 1:24

FILED

FILED

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. Name of the limited liability company: FWS Bahama's LLC

2. (a) 2557 NW 99TH AVE (b) 2557 NW 99TH AVE
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

CORAL SPRINGS, FL 33065

CORAL SPRINGS, FL 33065

08/13/2020

L20000246543

3. Date of filing/registration in Florida

4. Document number

5. (a) ALABI-ISAMA, OLATOKUNBO A
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2557 NW 99TH AVE
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CORAL SPRINGS, FL 33065

(b) Northwest Registered Agent LLC
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
7901 4th St N
NEW Registered Office Address:
STE 300
St. Petersburg, FL 33702

2020 OCT 13 PM 1:24
 FILED
 DIVISION OF STATE
 CORPORATIONS
 TALLHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Adeyemi Tokunbo
 Signature of a member or authorized representative of a member

Adeyemi Tokunbo
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Tom Glover Tom Glover - Assistant Secretary
 Signature of Registered Agent