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Office Use Only

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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Bam Snahalls LLC Name of Limited L	iability 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:
Name of Person	
BAM SNOBALLS LLC Firm/Company	
940 W MICHIGAN AND Address	
Plusacola FL 32505 City/State and Zip Code	_
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
Name of Person at (850	) 696-9776 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:	
S25 Filing Fee □ S	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	me of the limited liability company: Barn Jugballs LLC	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  On the street of limited liability company:  (Note: MAY BE POST OFFICE BOX)	7 25¢ j
	840 W Michigh Ave 840 W Michigan Ave	
	1945acda FL, 32505 1445acola PL, 32505	
	September 9th, 2020 L20000280683	
3.	Date of filing/registration in Florida 4. Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:	
	Registered Agent and Registered Office shown in the recolus of the Finnian Dept. of State.	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	7901 4th Street Nov th Ste 300  St. Petersburg FL 33702	
	St. Rtersburg FL 33702	
	$\mathcal{J}_{\mathcal{I}_{I}}}}}}}}}}$	į
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	T T
	Enter name of NEW Registered Agent and/or NEW Registered Office address:	_
	NEW Registered Office Address:	
	1/611 Analysis 1)4	
	Pensacola FL 32506	
If the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the	
agent w	or changes are made, the Florida street address of the registered office and the business office of the registered (ill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)	
	re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in eles of organization or the operating agreement of the limited liability company.	
	Printed or typed name of signee  On the Printed or typed name of signee	
-		
I heret provision the oblit to mere notifica	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect echange in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.	
Signatur	e of Registered Agent	

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