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COVER LETTER

TO: Registration Section Division of Corporations Aqua Bait LLC SUBJECT: 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: Chase A Dickinson Name of Person Aqua Bait LLC Firm/Company 7622 Southern Brook Bnd APT #304 Address Tampa FL, 33635 City/State and Zip Code aquabait7@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Chase Dickinson 603 707 2023 Area Code & Daytime Telephone Number Name of Person **Mailing Address: Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee ☐ \$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.

1 N.	Aqua Bait LLC ame of the limited liability company:			
i. Na 2. (a)	7622 Southern Brook Bnd	7622 Sout	7622 Southern Brook Bnd	
` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) APT #304	APT #304	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Tampa FL, 33635	Tampa FL	,33635	
	September 15, 2020	1.2000029018	35	
. (a)	Date of filing/registration in Florida Chase A Dickinson	4.	Document number	
(4)	Registered Agent and Registered Office shown on the records of 7622 Southern Brook Bnd	f the Florida Dept. of Stat	c :	
	Registered Office Address (MUST BE FLORIDA STREET APT #304	ADDRESS)	_	
	Tampa, F	33635 L	- 2021 SS TT	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office address:	-9 PH 3: 40 ARY OF STATE ANNASSEE, FL	
	NEW Registered Office Address: 1000 Michigan Dr. W		-	
	Dunedin , F	34698 L	_	
hange gent v vas/we	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the hour whitever	e registered office an iability company, it is of the limited liabilit	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
Signa	ture of a member of authorized representative of a member	,	Printed or typed name of signee	
rovisi he obl o mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I important the change.	ree to act in this cap e performance of my ed for in Chapter 605 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i. F.S. Or, if this document is being filed the limited liability company has been	
Signatu	for Wilkinson re of Registered Agent			