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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Biscuit and Bubs	17. 0
Name of Limited Lia	tbility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
Mathe Milliamon Name of Person	_
Biscuit and Bubs Firm/Company	_
9 Watermil Pl	_
Palm Coust, FL 32164 City/State and Zip Code	_
biscuitandoubs @ gmail. (13-mail address: (to be used for future annual report notific	EOV
For further information concerning this matter, please call:	
Rachel Munahon at 186 Name of Person	ShS - 2454 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:	
\$25 Filing Fee	5 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.

. Name of the limited liability company: BISCUIT and Bubs (LC
(a) 39 Leaver Dr. (b) 8 Watermill Pl
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
Palm Coast, FL 32137 Palm Coast, FL 32164
1/21/2022 L21000043852
Date of filing/registration in Florida 4. Document number
(a) Northwest Registered Agent, L.C.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
<u> </u>
St. Petersburg Fr. 35702
(b) Rachel McMahon Enter name of NEW Registered Office address:
Enter name of NEW Registered Agent and/or NEW Registered Office address:
8 Watermill PI
NEW Registered Office Address:
Palm Coast FL 32164
The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the hange or changes are made, the Florida street address of the registered office and the business office of the registered gent 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. Addul McMahon
Signature of a member or authorized representative of a member Printed or typed name of signee
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepte obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed a merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been affect in this change.
Signature of Registered Agent