Fax: 8134365206



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To:

* To: 18506176383

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

*Enter the email address for this business entity to be used for future യുട്ട്noal report mailings. Enter only one email address please.**

രെ:Email Address:

LLC REGISTERED AGENT CHANGE **BUBBA RENTS A1 LLC**

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K. Brumbley



2/8/2024 11:02 35 PST To: 18506176383 Page, 2/2 From Registered Agents Inc Fax: 8134365206

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. 8	Same of the limited liability company: BUBBA REN	TS A1 LLC	C
2. (a)		(b)	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
	02/12/2021		L21000074193
3.	Date of filing/registration in Florida		Document number
-	. ZEMBLICINIESS INC		
5. (a	Registered Agent and Registered Office shown on the records of		
	336 E. COLLEGE AVE.		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	SUITE 301		
	TALLAHASSEE , FI		2024 FEB
at.	Northwest Registered Agent LLC		
(D	(b) Northwest Registered Agent LLC Enter name of NEW Registered Agent and/or NEW Registered Office address:		<u></u>
	7901 4th St N		
	NEW Registered Office Address:		2 կ
	STE 300		
	St. Petersburg , FI	33702	
the chagent was/withe ar	limited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the authorized representative of a member	f the registere lability compa of the limited Ilimited liabi Nat Sn	red office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in pility company. mith Printed or typed name of signce
provis the ob to me	eby accept the appointment as registered agent and agisions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I get in writing of this change.	ree to act in t e performance ed for in Chap hereby confir	this capacity. I further agree to comply with the se of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is being filed arm that the limited liability company has been