## 121000188681

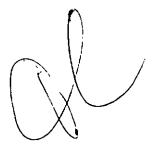
| (Re                                     | equestor's Name)   |           |  |  |  |
|---|--------------------|-----------|--|--|--|
| (Address)                               |                    |           |  |  |  |
| (Address)                               |                    |           |  |  |  |
| (Ci                                     | ty/State/Zip/Phone | · #)      |  |  |  |
| PICK-UP                                 | WAIT               | MAIL      |  |  |  |
| (Bu                                     | usiness Entity Nam | ne)       |  |  |  |
| (Document Number)                       |                    |           |  |  |  |
| Certified Copies                        | _ Certificates     | of Status |  |  |  |
| Special Instructions to Filing Officer: |                    |           |  |  |  |
|   |                    |           |  |  |  |
|   |                    |           |  |  |  |
|   |                    |           |  |  |  |
|   |                    |           |  |  |  |

Office Use Only



000391809630

2023 JAN -5 AMII: 49





November 30, 2022

TIMOTHY BELFLOWER BOUNCE HOUSE LIFE LLC 2851 FERRIS ST DELTONA, FL 32725

SUBJECT: BOUNCE HOUSE LIFE LLC

Ref. Number: L21000188681



We have received your document for BOUNCE HOUSE LIFE LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 922A00026364

Tammi Cline Regulatory Specialist II Supervisor

www.sunbiz.org

## COVER LETTER

| TO:      | Registration Section<br>Division of Corporations   |  |
|----------|--|--|
| SUBJE    | CT: Bounce House Lit   | Ced Liability Company  |
|          |  |  |
| Dear Si  | r or Madam:  |  |
| The enc  | closed Registered Agent/Registered Office Change   | and fec(s) are submitted for filing.   |
| Please r | return all correspondence concerning this matter to  | the following:   |
|          | Name of Person  Bounce House Life Firm/Company   | 2023 JAN -5 AM   |
| _1       | 851 Ferris St<br>Address   | SSEE, FL   |
| Z        | Le I fana fl 32 725 City/State and Zip Code  |  |
| <b>X</b> | Pounce Houselife @ gmail. Com-mail address: (to be used for Witture annual report                  | notification)  |
| For furt | ther information concerning this matter, please cal  | 1:   |
| <u></u>  | mothy Belflower at (38) Name of Person   | 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  | ☐ \$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. Name of the limited liability company:   | e Hou   | 1.5-e /   | life  |                       |                       |  |
|---|---|---|---|-----------------------|-----------------------|--|
| 2. (a) 2851 Ferris St Delton FL 32  |   |   |   |                       |                       |  |
| Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  | Principal office address of limited liability company:        |   | Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX) |                       |                       |  |
| April 22, 2021  Date of filing/registration in Florida  | 4.  |   | 000/886<br>Document number  | 81                    |                       |  |
| Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET 5575 S. Sembran Bluck S. Dr lando F. Enter name of NEW Registered Agent and/or NEW Registered Agent and/or NEW Registered Office Address:  (B) NEW Registered Office Address:  (B) NEW Registered Office Address:    | ADDRESS)<br>Turk 3  | 6   |   | CACHARACT STATE       | 5500                  |  |
| Deltona .F  | 1327  | 25  | -   |                       |                       |  |
| If the limited liability company is not organized under the la change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited liwas/were authorized by an affirmative vote of the members the articles of organization or the operating agreement of the                 | e registered<br>iability com<br>of the limit<br>r limited lia | office and<br>apany, it is<br>ed hability<br>bility con | d the business offices hereby confirmed to be company or as oth ipany.        | hat the c<br>erwise p | egistered<br>hange(s) |  |
| Signature of a member or authorized representative of a member  |   | 1140  | Hy Be 15 loa<br>Printed or typed name   | of signee             |                       |  |
| I hereby accept the appointment as registered agent and ag<br>provisions of all statutes relative to the proper and complete<br>the obligations of my position as registered agent as provide<br>to merely reflect a change in the registered office address, I<br>notified in writing of this change.  Signature of Registered Agent | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                       | 1, 7, 71, 1171 7  | иннех апаллинат   | 1111111 11111         | a ama accem           |  |