FILED 1.51

Elorida Department of State
Division of Corporations

Division of Corporations

Electronic Ciling Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000194102 3)))



H240001941023ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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 annual report mailings. Enter only one email address please.

Email	Address	:	

LLC REGISTERED AGENT CHANGE DEATH BY RUB BBQ LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

K. SALY

JUN - 4 - 2024

Electronic Filing Menu

Corporate Filing Menu

Help

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	ame of the limited liability company: Death By Rub BBQ	LLC	
2. (a)		(b	b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		-	
	06/10/2021	1	L21000271632
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
. (Registered Agent and Registered Office shown on the records of the	: Florida	la Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET AD 476 RIVERSIDE AVE.		
	JACKSONVILLE FL 3	2202	AND WAY OF THE STATE OF THE STA
(b)	Registered Agents Inc		R C
,	Enter name of NEW Registered Agent and/or NEW Registered O	ffice add	idress:
•	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg , FL 33	3702	
the cha agent v was/wa the art	imited liability company is not organized under the laws inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icless of organization or the operating agreement of the liab	ic regis ility co the lim	ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Ri	-bin harri	Robii	oin Jones
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee
i nere provisi the obi to mer natifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete pe ligations of my position as registered agent as provided j elv reflect a change in the registered office address. I he I in writing of this change.	e to act erforma for in C reby co	t in this capacity. I further agree to comply with the nance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
العالم م	David Roberts - Assistant Seci	retary	

Signature of Registered Agent