2/11/2025 15.12 18 PST - To: 18506176383 Page: 1/2 Fax: 8134365206

## Florida Department of State Division et Corporations Electronic Filling Cover Sheet

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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 BUBBLE BABBLE, LLC

Certificate of Status	0
Certified Copy	0
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K. SALY

FEB 1 3 2025

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## 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	ame of the limited liability company: BUBBLE BAB	BLE, L	LC		
	7901 4th St N		(b) 7901 4th St N		
<b>2</b> . (0)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0		Adding address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	STE 300 St. Petersburg, FL 33702		STE 300 St. Petersburg, FL 33702		
	09/10/2021		L	21000403271	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	ANDERSON, RICHARD K Registered Agent and Registered Office shown on the records of the	······································	Dept. of State		
	17150 RAVENS ROOST		TX III. OI TAINC		
	Registered Office Address (MUST BE FLORIDA STREET A	 DDRESS	. <u> </u>		
	7		_		
	FORT MYERS , FL	33908		10 m	
(b)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered (	Office ad	dress:	FILEU PH 4:51	
	7901 4th St N  NEW Registered Office Address:			÷ .	
	STE 300				
	St. Petersburg , FL	33702	) 		
the ch agent was/w the art Sign There provis the ob- to mer	limited liability company is not organized under the law ange or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liable ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the law to a member or authorized representative of a member living of a member of the law to the proper and complete proper of the appointment as registered agent and agree ligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	he regis bility co the lim imited l	stered office impany, it is ited liability iability com	rand the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in upany.  Robin Jones  Printed or typed name of signee	

David Roberts - Assistant Secretary

Signature of Registered Agent