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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

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LLC REGISTERED AGENT CHANGE THE PICNIC BOYS LLC

*Enter the email address for this business entity to be used for future

Certificate of Status	0
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M. SOLOMON

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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.

I. N	ame of the limited liability company: THE PICNIC BC	YS LLC	
2. (a)		(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)
	10/07/2021		00439470
3.	Date of filing/registration in Florida Negron, Janniel J	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE. Registered Office Address (MUST BE FLORIDA STREET)		
	JACKSONVILLE , FL	32202	
(b)	REGISTERED AGENTS INC Enter name of NEW Registered Agent and/or NEW Registered		
	7901 4TH ST N		
	NEW Registered Office Address: STE 300		
	ST. PETERSBURG FI.	33702	
change agent was/w the art	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	vs of the State registered offi- ability company of the limited li limited liability	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
160	hture of a member or authorized representative of a member	Robin Jon	
I here provis the obto mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I lad in writing of this change.	ee to act in thi performance o I for in Chapte iereby confirm	Printed or typed name of signce s capacity. I further agree to comply with the f my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been
	Incorrect David Roberts June of Registered Agent		