3/30/22, 6:34 AM

Division of Corporations

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(((H220001159383)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 : (323)962-8600 Fax Number : (323)962-3889

\*\*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 ARIZONA BOB LLC

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	COVERL	EIIER •
ΓO: Registration Section Division of Corporations		
SUBJECT: ARIZONA BOB LLC		
Name	of Limited Li	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this	smatter to the	following:
Cheyenne Moseley		
Name of Person		<del>-</del>
Legalzoom.com, Inc.		
Firm/Company		_
101 N. Brand Blvd., 10th Floor		
Address		<del>4</del>
Glendale, CA 91203		
City/State and Zip Code		_
azbob@sbcglobal.net		
E-mail address: (to be used for future annu	ual report noti	fication)
For further information concerning this matter.	please cail:	
Cheyenne Moseley	800 at (	773-0888 ext 9724
Name of Person		Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P.	IAILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 allahassee, Florida 32314
Enclosed is a check for the following	amoust:	
☐ \$25 Filing Fee	Ø 9	S55 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.

	me of the limited liability company: ARIZONA B						
	Principal office address of limited liability company:		) <u></u>	Mailing address of limited			
• •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited (Note: MAY BE POST	Hability cor COFFICE D	пралу: 1 <u>ОХ</u> )	
	296 Maraviya Blvd.		296 Ma	raviya Blvd.			
	Nokomis, Florida 34275		Nokomi	s, Florida 34275			
	11/02/2021		L210004	75239			
	Date of filing/registration in Florida	4.		Document number			
(-)							
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of Stn	te:			
	UNITED STATES CORPORATION AGENT						
	Registered Office Address IMUST BE FLORIDA STREET	ADDRESS	1	_			
	5575 S. Semoran Blvd., Suite 36			_			
	Orlando, FI	32822				~	
	, [1]		<u> </u>	_	: <u>*</u>	2022 MAR	
(h)					<u> </u>	¥	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	l Office ad	dress:	<b></b>		$\sim$	-
	Robert Sheldon					9 PH	LED
	NEW Registered Office Address:			<del>-</del>	<u>-:</u> :-		
	296 Maraviya Blvd.					91:1	
	200 Marattya Bita.			_	•	9	
	Nokomis, F	34275					
	limited liability company is not organized under the b						r