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| Special Instructions to f | Filing Officer:    |                 |
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Office Use Only



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TAIL AND AM 8: 32

| D. Bruc-C.  FLORIDA DEPARTMENT OF STATE  Date: 6/28/24  |
|---|
| RECEIVED FROM: Devin Balls  |
| the sum of Twenty Five Dollars \$ 25.00   |
| For the following: Amendmen +   |
| 1171 SW Ard Ct DOS-4500453-4835443755  DEPOSITIONLY 25:00  DEPOSITIONLY 25:00  DEPOSITIONLY 25:00  DEPOSITIONLY 25:00 |
| V. Harring  |
| for Secretary of State  |

## THIS MONEY PAID INTO THE STATE TREASURY

All receipts issued and papers filed subject to clearing and final payment of remittance check.

## **COVER LETTER**

| TO: Registration Section Division of Corporations  |  |
|--|--|
| SUBJECT: Batts Fabric  |  |
| Name of Limited  | Liability Company  |
| Dear Sir or Madam:   |  |
| The enclosed Registered Agent/Registered Office Change an  | nd fee(s) are submitted for filing.  |
| Please return all correspondence concerning this matter to th                                      | e following:   |
| Devin Bats Name of Person  | <del></del>  |
| Botts Fabrication Firm/Company   |  |
| 1171 SW A-c C+ Address   |  |
| Port St. Livie FL 34953 City/State and Zip Code  |  |
| E-mail address: (to be used for future annual report not   | ification)   |
| For further information concerning this matter, please call:                                       |  |
| Devin Batts at (77) Name of Person   | 2) 579-2188<br>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: Batts Fabrications LLC   |                 |
|--|-----------------|
| 2. (a) 1171 SU Arc Gt Port St. Luciet 349  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  (Note: MAY BE POST OFFICE BOX)   | <del>)</del> 53 |
| July 27, 2022  3. Date of filing/registration in Florida  5. (a) ZenBusiness INC   |                 |
| Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  336 E College Ave. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  Suite 301  Tallahassee FL. 32301  (b) Karlie Batts Enter name of NEW Registered Agent and/or NEW Registered Office address:  171 SW Ave Ct  NEW Registered Office Address:  4142 SW Endicatt St   |                 |
| If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Printed or typed name of signee  I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all standers relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been |                 |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE; \$25.00

Signature of Registered Agent