## L22000431256

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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07/17/23--01023--017 \*\*?5.00

1023 SEP -5 PM 12: 43
SELBELIARY OF STATE
ALL AHASSEE, FLORIDA

FILED 2023 SEP -5 PM 12: 43

## COVER LETTER

FO: Registration Section Division of Corporations							
C B LIMITED, LLC SUBJECT:							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered (	Office Change and	fee(s) are submitted for filing.					
Please return all correspondence concerning	this matter to the	following:					
Chad Barents							
Name of Person							
Firm/Company							
1349 Moscato Dr							
Address							
Titusville, FL 32780							
City/State and Zip Cod	le	<del></del>					
chadbarents@gmail.com							
E-mail address: (to be used for future	annual report notif	īcation)					
For further information concerning this mat	ter, please call:						
Chad Barents	720 at (	323-1226					
Name of Person		Area Code & Daytime Telephone Number					
Mailing Address:		Street Address:					
Registration Section		Registration Section					
Division of Corporations		Division of Corporations					
P.O. Box 6327		The Centre of Tallahassee					
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810					
		Tallahassee, FL 32303					
Enclosed is a check for the follow	ing amount:						
■ \$25 Filing Fee	55 Filing Fee & Certified Copy						



August 17, 2023

CHAD BARENTS 1349 MOSCATO DR TITUSVILLE, FL. 32780

SUBJECT: CB LIMITED, LLC Ref. Number: L22000431256

We have received your document for CB LIMITED, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

SEP 0 5 2023

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Letter Number: 823A00018941

www.sunbiz.org

## 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: C B LIMITED, L	.I.C				
2. (a)			)			
` '	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,	Mailing address of	of limited liability comp BE POST OFFICE BO.	-
	1349 MOSCATO DR.	1349 MOSCATO DR.				
	TITUSVILLE, FL 32780		TITUSVI	LLE, FL 32780		
	10/06/2022		L22000431	256		
3.	Date of filing/registration in Florida	- 4.		Document nu	mber	
5. (a)	HAVRE, BILL					
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of Sta	te:		
	HAVRE, BILL					
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				<b>202</b> Տե	
	7901 4TH ST N STE 300				2023 SEP	<b>T</b> }
	ST Petersburg , FI	33702	HASSI P -5			
(b)	Chad Barents					Ш
(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:			_	Roll Sign	
	Chad Barents					
	NEW Registered Office Address:	•		_		
	1349 Moscato Dr.			_		
	Titusville, FI	L_32780 _		_		
change agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	registere ability co of the line limited l	ed office ar impany, it nited liabili	nd the business is hereby confi ty company or	office of the registermed that the change	ered ge(s)
Signa	ature of a member or authorized representative of a member			Printed or typed	d name of signee	
provis the ob to mer	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete ligations of my position as registered agent as provide lely reflect a change in the registered office address. It d'in writing of this change	ree to act performed for in C hereby co	in this cap ance of my Chapter 60 onfirm that	pacity. I furthe duties, and I a 5, F.S. Or, if the the limited lia	r agree to comply v im familiar with and his document is bei bility company has	vith the d accept ng filed been
Signati	ure of Registered Agent					