## L22000437716

(Requestor's N	lame)	
(Address)		
(Address)		
(City/State/Zip	/Phone #)	
PICK-UP WA	AIT MAIL	
(Business Enti	ity Name)	
(Document Number)		
Certified Copies Certi	ificates of Status	
Special Instructions to Filing Officer:		





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## **COVER LETTER**

TO: Registration Section Division of Corporations	* "	
SUBJECT: Bushnell Massage LL ( Name of Limited Li	ability 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 f	following:	
Meghan Casteel Name of Person		
Bushnell Massage LLC Firm/Company	2023 H	
2658 SE 34th Way	2023 HAR 23 AM 10: 17 SED SHAN OF STATE TALLLAHASSEE, FL	
Sumferville FL 33585 City/State and Zip Code	5.FL STATE	
Bushnell Massage a gmail Com E-mail address: (to be used for future annual report notific	cation)	
For further information concerning this matter, please call:		
Meghan Casteel at (407) Name of Person	) 488-0800 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:		
So \$25 Filing Fee □ \$5	ling Fee \$\square\$ \$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.	Nai	me of the limited liability company: Bushnell Massage	e LLC	
2.		2658 SE 34th Way (b) 2658	SE 34 <sup>th</sup> Way ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Sumterville FL 33585 Sumt	erville FL 33585	
		10/11/2022 L220	000437716	
3.		Date of filing/registration in Florida 4.	Occument number	
5.	• •	Meghan M Casteel		
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
		Registered Office Address MUST BE FLORIDA STREET ADDRESS)		
		105	.c. <b>2</b>	
		Bushnell ,FL 33513	023 H/	
		Meghan M Castee  Enter name of NEW Registered Agent and/or NEW Registered Office address:	1023 HAR 23 AM	
		2658 SE 34th Way NEW Registered Office Address:	AH IO: 17 UF STATE SSEE, FL	
		Sumterville FL 33585		
		, FL		
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.				
4	Υļ	reghan Casteel Megh	an Casteel 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 statutes 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 notified in writing of this change.				
Meghon Costeel Signature of Registered Agent				