Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000417465 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

Enter the email address for this business entity to be used for future Sheual report mailings. Enter only one email address please.

MARI Address:_____

LLC REGISTERED AGENT CHANGE BUFFBOYZ LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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	nme of the limited liability company: BUFFBOYZ LLC					
2. (a)	4629 Southwest 75th Way	(1	b)			
(U)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lia (Note: MAY BE POST O.		
	Davie Florida (US)33314					
	10/14/2022 12:00:00 AM		L220004430)50		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	LEGALING CORPORATE SERVICES INC.					
). (u)	Registered Agent and Registered Office shown on the records of 476 Riverside Ave.	e:				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	<u>S)</u>			
	Jacksonville, FI	32202	-	_		
(b)	Corporate Creations Network Inc.			_		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	801 US Highway 1			'.>	\>	
	NEW Registered Office Address:			-	J. () [-	
	N. O. D. L. D I	22.400		_	$\boldsymbol{\beta}$	
	North Palm Beach , FI	_33408 		_		
:hange igent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability co of the lin limited	ed office an ompany, it is nited liabilit con liability con	d the business office of t s hereby confirmed that y company or as otherw	the registered the change(s)	
Signa	gnature of a member or authorized representative of a member			Printed or typed name of signee		
provisi he obl o mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I fin writing of this change.	perform d for in C hereby co	ance of my Chapter 605 onfirm that	duties, and I am familian i, F.S. Or, if this docume the limited liability comp	comply with the with and accept ent is being filed pany has been	
Ciarre	1	Gossma	an, Special	Scoretar		
oignaiu	re of Registered Agent					

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