12300056596

(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	- 和		
(6	.,, ototo, <u>z.</u> ,p, i . i . o. ii	<i></i> ,		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
,	,			
Certified Copies	Certificates	of Status		
Certified Copies	_ Certificates	o or otatus		
Special Instructions to	Filing Officer:			

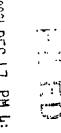
Office Use Only



600441140196

12/17/24--01018--029 **25.00





COVER LETTER

SUBJECT: Spooky Holdings LLC	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Randy Rohner	
Name of Person	
Spooky Holdings LLC	
Firm/Company	
1333 Burr Ridge Parkway, Ste 200	
Address	
Burr Ridge, 11, 60527	
City/State and Zip Code	
Randy@spookybeverages.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	II:
Randy Rohner 630	,
Name of Person	Area Code & Daytime Telephone Rumber
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	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

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	ume of the limited liability company: Spooky Holidings	LLC			
2.	(a)	9990 Coconut Road #3391		(b	1333 Bur	rr Ridge Parkway, Ste 200
	(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Bonita Springs, FL 34135			Burr Ridg	ge, IL 60527
		1/31/23		<u> </u>	.23000056	5596
3.		Date of filing/registration in Florida	4.			Document number
5.	(a)	ZenBusiness Inc.				
		Registered Agent and Registered Office shown on the records of 336 E. College Ave., Suite 301	the Flo	rida	Dept. of Sta	He:
		Registered Office Address (MUST BE FLORIDA STREET)	<u> 1DDR</u>	ESS)		
		Tallahassee FL	32301	1		 _
(b)	(b)	Randall Rohner				
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	add	ress:	
		C/O Spooky Holdings LLC				
		NEW Registered Office Address:		-		_
		9990 Coconut Road #3391				
		Bonita Springs FL	34315	5		1021 1021
cha age wa	inge ent w s/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 liagre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	regist bility f the l limite	erec cor limi d li	l office an apany, it i led liabilit	and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
S	ignat	ure of a member or authorized representative of a member	_			Printed or typed name of signer
pre the to i	ovisie obli nere	by accept the appointment as registered agent and agreens of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have the properties of this change	verfor Hör i	mai n Ci	ice of my a napter 605	duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed
Sig	natur	re of Registered Agent				