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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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## LLC REGISTERED AGENT CHANGE BARBELLE BOURBON, LLC

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1/23/2024 11:55:51 PST - - To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

## 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 hability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Na	une of the limited liability company:	-LC	
2. (a)		_ (b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/29/23		000158493
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	SUNDSTROM, LEILA L		
	Registered Agent and Registered Office shown on the records of the		
	3447 SNOWY EGRET WAY		
	Registered Office Address <u>(MUST BE FLORIDA STREET A</u>	DDRESS)	
	JACKSONVILLE BEACH . FL	32250	2024
(b)	Registered Agents Inc		0024 JAN 23
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address	
	7901 4th St N		P 7 1
	NEW Registered Office Address:		; <del>.</del>
	STE 300		
	St. Petersburg, FL_	33702	<del> </del>
the cha agent v was/we	imited liability company is not organized under the lawinge or changes are made, the Florida street address of tivill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere are considered.	he registere bility comp `the limited	ed office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
	Kobine janey	Robin Jo	
-	ture of a member or authorized representative of a member	_	Printed or typed name of signee
provisi the obl to mere no <u>tif</u> ice	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	erformance for in Chap ereby confi	e of my duties, and I am familiar with and accent
المنزاء	নি 📉 💛 David Roberts - Assistant Sec	cretary	

Signature of Registered Agent