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.

(((H24000158889 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 annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE **BUTTAHS BY LC LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

MAY 0 1 2024 K. Brumble)

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.

. Na	ame of the limited liability company: BUTTAHS BY I	LC LL(2			
(a)	10965 VENTNOR AVE		(b) 10965 VENTNOR AVE			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			N	Mailing address of limited (Note: MAY BE POST	
	JACKSONVILLE, FL 32218		JA	CKSON	VILLE. FL 32218	
	05/01/2024		L23	0001632	93	
	Date of filing/registration in Florida	4.			Document number	
(a)	LEGALINC CORPORATE SERVICES INC.					
	Registered Agent and Registered Office shown on the records of 476 RIVERSIDE AVE.	f the Flo	rida Dep	ot. of State	:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRI	ESS)	· · ·		
	JACKSONVILLE , FI	32202 L	2			~2
(b)	Corporate Creations Network Inc.					2024 HAY -
	Enter name of NEW Registered Agent and/or NEW Registered	d Office	addres	\$:		< 1 :
	801 US Highway 1					— , , , ,
	NEW Registered Office Address:					PH ©
						<u>сл</u>
	North Palm Beach , Fl	33408 L	3			
ange ent v as/we e arti	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lighter authorized by an affirmative vote of the members cles of organization or the operating agreement of the strella Tavasz. There of a member or authorized representative of a member	e regist lability of the l limite E	ered of compa imited d liabi istrella	ffice and any, it is liability lity comp Tavarez,	the business office of hereby confirmed the company or as other pany. Attorney-in-Fact Printed or typed name of	of the registered at the change(s) rwise provided in signee
ovisi e obl merc	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address, I I in writing of this change.	ree to e perfor ed for it hereby	act in ta mance n Chap v confir	nis capa e of my do pter 605, m that th	city. I further agree uties, and I am famil F.S. Or, if this docu he limited liability co	to comply with th iar with and acce iment is being file impany has been

Estrella Tavarez Estrella Tavarez, Special Secretary
Signature of Registered Agony