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PICK-UP WAIT MAIL					
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05/10/24--01319--012 *-25.00



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJE	THE BUBBLY BUTLER LLC						
	Name of Limited Liability Company						
Dear S	r or Madam:						
The en	closed Registered Agent/Registered	Office Change and (fee(s) are submitted for filing.				
Please	return all correspondence concernin	g this matter to the f	ollowing:				
Jacob B	eacham						
	Name of Person		_				
The Bul	bbly Butler LLC						
	Firm/Company	···	_				
427 W	Lake Elbert Drive NE						
	Address						
Winter	Haven, Florida 33881						
	City/State and Zip Co	de	_				
jbeacha	m45@yahoo.com						
E	-mail address: (to be used for future	annual report notific	cation)				
For fur	her information concerning this ma	tter, please call:					
Jacob B	eacham	863 at (670-5421				
	Name of Person	(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 follow	ing amount:					
	■ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy				

TO:

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	ame of the limited liability company:THE BUBBLY B	UTLER	LLC		
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) 427 W LAKE ELBERT DR NE		
	427 W LAKE ELBERT DR NE				
	WINTER HAVEN, FL 33881	_	WINTER	WINTER HAVEN, FL 33881	
	June 12, 2023		L2300028	1501	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Southern Atlantic Law Group, PLLC				
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 520 6TH STREET NW			77 2	
	WINTER HAVEN , FL	33881	2024 HAY 13 SEC 15 TALLAA		
	Southern Atlantic Law Group, PLLC Enter name of NEW Registered Agent and/or NEW Registered Office address:		13 PH 12: 07		
	NEW Registered Office Address:			– 🦸 📆	
	290 IST STREET S			_	
	WINTER HAVEN , FL	33880			
hange igent v vas/wo he arti	imited liability company is not organized under the lay or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	register ability c of the lir limited	red office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee	
l herel provisi he obli o merc notified	ov 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 provided by reflect a change in the registered office address, I I in writing of this change.	ve to ac perform d for in vereby c	t in this cap tance of my Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Signatu	e of Registered Agent				