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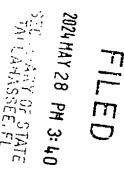
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COVER LETTER

TO:

TO: Registration Section Division of Corporations						
SUBJECT: The Basic Bee Market LLC	JECT: The Basic Bee Market LLC					
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.				
Please return all correspondence concerning th	is matter to th	ne following:				
Name of Person						
The Basic Bee Market LLC						
Firm/Company						
5250 Paul Brown Road						
Address						
Lakeland, FL 33810						
City/State and Zip Code	-					
swancitycandleco@gmail.com						
E-mail address: (to be used for future ann	ual report no	tification)				
For further information concerning this matter.	please call:					
Sarah L. Baulac	at (⁸¹²	, 5999520				
Name of Person		Area Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enclosed is a check for the following						
☑ \$25 Filing Fee	ū	\$55 Filing Fee & Certified Copy				
INHS18 (2/14)						

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.

Floric			
1. N	lame of the limited liability company:	Market LLC	
2. (a)	5250 Paul Brown Road	(b) 5	250 Paul Brown Road
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, ,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Lakeland, FL 33810	La	akeland, FL 33810
	June 19, 2023	L23	3000294060
3.	Date of filing/registration in Florida	4.	Document number
5. (a	Sarah L. Baulac		
J. (a	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:
	202 S. Rome Ave		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)	
	Tampa , I	FL_33606	2024 SEC TA
(b)	Registered Agents Inc	PILE PM SECRETARY OF TALLAHASSE	
(0)	Enter name of NEW Registered Agent and/or NEW Register	28 PM	
	7901 4th St N		SEPS D
	NEW Registered Office Address:		
	STE 300		
	St. Petersburg	33702 FL	
the chagent was/w	limited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the memberaticles of organization or the operating agreement of the arah L. Baulac	of the register liability comps of the limited he limited liab	red office and the business office of the registere pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
	ature of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ol to me natifi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple bligations of my position as registered agent as provide rely reflect a change in the registered office address,	Te performand ded for in Cha I hereby conf	this capacity. I further agree to comply with the comply with the comply duties, and I am familiar with and acceptater 605, F.S. Or, if this document is being filed from that the limited liability company has been
MIN ()	David Roberts - Assistant	Secretary	

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

Signature of Registered Agent