Division of Corporations

Florida Department of State

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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

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 BACKCOUNTRY BENDS ADVENTURES LLC

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NOV 28 2023

K. Brumbley

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. 8	Same of the limited liability company: BACKCOUNTRY	BENDS ADVENT	TURES 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)
	10/30/23)492794
3.	Date of filing/registration in Florida	4.	Document number
5 / 0	, UNITED STATES CORPORATION AGENTS, INC.		
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. o	f State:
	Registered Office Address (MUST BE FLORIDA STREET). 476 RIVERSIDE AVE.	ADDRESS)	
	JACKSONVILLE, FL	32202	
(p)	Registered Agents Inc Enter name of NEW Registered Agent and/or NEW Registered 7901 4th St N NEW Registered Office Address:	Office address:	2023 NOV -1 PM 1
	STE 300		 51 80
	St. Petersburg	33702	
the chagent was/w the ar	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liayere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lattice of a member or authorized representative of a member	the registered of ability company of the limited liability Robin Jones	office and the business office of the registered c, it is hereby confirmed that the change(s) ibility company or as otherwise provided in company. Printed or typed name of signee
provi: the ob to met	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete bligations of my position as registered agent as provided rely reflect a change in the registered office address. I have in writing of this change.	ce to act in this performance of I for in Chapter sereby confirm	capacity. I further agree to comply with the fmy duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
	and Coxits David Roberts - Assistant Se	cretary	
Signat	are of Registered Agent		