L23000508172

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2024 C 10 TO 1:17

COVER LETTER

Division of Corporations						
SUBJECT: EBBar LLC Name of Limited L	iability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Madison Ferra Name of Person						
EB Bar UC Firm/Company						
333 E Bay Suite 101, 103 Address						
JAY FI 32202 . City/State and Zip Code	 ,					
E-mail address: (to be used for future annual report notifi	cation)					
For further information concerning this matter, please call:						
Roderick Harris at (904) Name of Person) 1058 2208 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 following amount:						
□ \$25 Filing Fee 💆 \$5	🕱 \$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.

1. Na	ime of the limited liability company: $\overline{\mathcal{EBB}}$	ar ll	. C		
2. (a)			o)		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 333 F Boy St Suit [0], 19		,	Mailing address of limited liability (Note: MAY BE POST OFF)	ICE BOX)
	101 Pl 32202	<u></u>		5 E bay sule 1 v +1 32202	01,10
	Jak Pl Jeeg		_00	X PI JUNE	
	11/08/23		L230	00508172	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records			_	
		of the Florida	Dept. of State	: :	
	Roderick Harris			-	
	Registered Office Address (MUST BE FLORIDA STREE		7		
	333 EBay St Suite 101	1102		-	~··
	jacksonville.	FL 3220	0 2 _	_	151
					,— <u>-</u> -
(b)	Kladian Ferra			-	· .
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office ad	<u>dress</u> :		— <u> </u>
	NEW Registered Office Address:			-	
	333 E bay St Suite 1011	03			
	3630 13(1)			-	
	jacksonville.	FL 328	305	-	
change agent v was/w the a rti	imited liability company is not organized under the or changes are made, the Florida street address of t vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the member cles of organization or the operating agreement of the Man Changes.	he registere liability co s of the lim he limited l	ed office and impany, it is sited liability iability_com	d the business office of the hereby confirmed that the company or as otherwise	registered change(s) provided in
Signa	ture of a member or authorized representative of a member	- '	<u>1000c.</u>	Printed or typed name of signe	Ū
provisi the obl to mer	by accept the appointment as registered agent and a cons of all statutes relative to the proper and comple igations of my position as registered agent as provious reflect a change in the registered office address. I'm writing of this change.	gree to act le performa led for in C I hereby co	in this capa ince of my a hapter 605, infirm that t	icity. I further agree to co luties, and I am familiar w , F.S. Or. if this document he limited liability compai	mply with the ith and accept is being filed iy has been
Signatu	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 F1LING FEE: \$25,00