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COVER LETTER

	Registration Section Division of Corporations						
SUBJEC	BROKEN BITCHES GUIDE LLC T:						
	Name of Limited Liability Company						
Dear Sir	or Madam:						
The enclo	osed Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.				
Please re	turn all correspondence concerning th	nis matter to th	ne following:				
AMAND.	A SAMSON						
	Name of Person						
BROKEN	BITCHES GUIDE LLC						
	Firm/Company						
114 W IN	EDIAN RIVER BLVD STE 121						
	Address						
EDGEWA	ATER, FL 32132						
	City/State and Zip Code						
mandy@r	nandybrooke.com						
E-n	nail address: (to be used for future an	nual report no	tification)				
For furth	er information concerning this matter	, please call:					
AMAND	A SAMSON	386 at (383-2428				
	Name of Person	<u> </u>	Area Code & Daytime Telephone Number				
F 1 T	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Ē	Enclosed is a check for the following	g amount:					
ī	S25 Filing Fee		\$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.

l. Na	ame of the limited liability company: BROKEN BITCI	HES GU	JIDE LLC				
2. (a)	CURRENT PRINCIPAL STREET ADDRESS		(b) CURRENT	MAILING ADDE	RESS		
2. (u)	Principal office address of limited liability company; (Note: MUST BE STREET ADDRESS)	Auiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	H4 W INDIAN RIVER BLVD STE 121		114 W IND	IAN RIVER BLVI	D STE 13	21	
	EDGEWATER, FL 32132		EDGEWAT	ΓER, FL 32132	_		
	05/07/2024		1.240001159	90			
3.	Date of filing/registration in Florida	4.	•	Document number			_
5. (a)	ORIGINAL AGENT & AGENT ADDRESS						
J. (a)	Registered Agent and Registered Office shown on the records of	f the Flor	rida Dept. of State	· :	国S	202	
	AMANDA SAMSON					<u></u>	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			•		2024 HAY 13	===== E
	120 BIGELOW DR				-	ယ	
	EDGEWATER . FI	L32132			i i	AH 8: 17	
(b)	NEW AGENT ADDRESS				SIME SIME	§: 17	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office	address:	•			
	NEW Registered Office Address:						
	114 W INDIAN RIVER BLVD STE 121						
	EDGEWATER . FI	32132 L					
change	imited liability company is not organized under the la c or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	ws of t	ered office and	I the business offi	ice of the	e registe	ered
was/w	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the l	imited liability d liability com	company or as o	therwise	: ргочк	ded in
			MANDA SAM:				
Signa	April 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		Printed or typed nan	ne of signo	ee	
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I did writing of this change.	ree to e perfor ed for it hereby	nct in this capa mance of my d n Chapter 605, confirm that t	ecity. I further ag luties, and I am fa F.S. Or. if this a he limited liabilit	ree to co umiliar v locumen y compa	omply w vith and t is bein ny has	vith the l accept ng filed been
C:Zuna	an of Destatuend Amont						