(21/006/163/55

(Requestor's Name)
(Address)
, ,
(Address)
(City/State/Zip/Phone #)
, , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

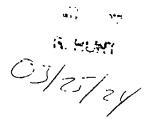
Office Use Only



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03/25/24--01013--005 **25.00





COVER LETTER

TO:	Registration Section Division of Corporations			
	Big Lagoon Charters LLC			
SUBJI	ECT:			
		Name of Limited L	iability Company	
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered	J Office Change and	fee(s) are submitted f	or filing.
Please	return all correspondence concerni	ng this matter to the	following:	
Alec Bi	eaud			
	Name of Person			
Big Lag	coon Charters LLC			
	Firm/Company			
4043 L	andfall Drive			
	Address			
Pensace	ola, FL 32507			<u></u>
	City/State and Zip Co			- <u> </u>
ab@bre	aud.com			:
15	-mail address: (to be used for futur	e annual report notif	<u>ĭca</u> tion)	
For fur	ther information concerning this ma	atter, please call:		
Alec Br	eaud	850	399-1811	
		at ()	
	Name of Person		Area Code & Dayt	ime Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Sect Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL.	orations illahassee Street, Suite 810
	Enclosed is a check for the follow	wing amount:		
	■ \$25 Filing Fee	U \$	55 Filing Fee & Certi	fied Copy

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.

	4043 Landfall Drive	(b)	
,	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS) Pensacola, F1, 32507		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	03/11/2024	1.24(000123155
a)	Date of filing/registration in Florida United States Corporation Agents, Inc.	4.	Document number
,	Registered Agent and Registered Office shown on the recor 476 Riverside Ave.	t, of State:	
	Registered Office Address (MUST BE FLORIDA STR.)	EET ADDRESS)	
	Jacksonville	32202 FL	<u> </u>
)	Alec Breaud	, 	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>		
	4043 Landfall Drive		
	NEW Registered Office Address:		
	Pensacola	32507 _, FL	
ge Uw	imited liability company is not organized under the or changes are made, the Florida street address ovill be identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the membales of organization or the operating agreement of	f the registered of ed liability compa ers of the limited	fice and the business office of the registered my, it is hereby confirmed that the change(s) liability company or as otherwise provided ity company.
nat	are of a member or authorized representative of a member	-	Printed or typed name of signee
et isie bli	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as pro Ty ryflect a change in the registered office addres	Lagree to act in the plete performance vided for in Chap sy Uliandy cantin	his capacity. I further agree to comply with a of my duties, and I am familiar with and acc ster 605, F.S. Or, if this document is being fi my that the limited liability commony has been