Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H180002610553)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000600023 : (614)280-3338 Phone : (954)208-9845 Fax Number

\*\*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 **SKINNYPOP POPCORNLLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

SEP

Electronic Filing Menu Corporate Filing Menu

Help

K. SALY SEP 1 0 2018

## 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 understyned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

		71.1	
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(D)	Mailing address of limited liability company: (Note: MAY BF. POST OFFICE BOX)
	500 WEST STH STREET, STE 900		500 WEST 5TH STREET, STE 900
	AUSTIN, TX 78705	·	AUSTIN, TX 78705
	April 17, 2015	•	11.5000002975
	Date of filing/registration in Florida	4.	Document number
(0)			
(a)	Registered Agent and Registered Office shown on the records	of the Florida D	Dept. of State:
	Corporation Service Company		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		TS 5
	1201 Hays Street		The Se
	Tallaharras	32301-252	<u> </u>
	Tallahassee,	?L	
			en e
(b)	Enter name of NEW Registered Agent and/or NEW Register	ed Office addr	ess: 11
			유그
	C T Corporation System		
	NEW Registered Office Address:		
	1200 South Pine Island Road		
	Plantation	33324	
e cha jeni w as/we e arij	imited liability company is not organized under the inge or changes are made, the Florida street address will be identical. On in the case of a Florida limited the authorized by an affirmative vote of the member cles of organization or the operating agreement of the member of a member or authorized representative of a member	liability comes of the limit the limit the limited lia	is in basely confirmed that the change(s)
c:1.	ture of a merdher or authorized representative of a member		Printed or typed name of signee in this capacity. I further agree to comply with the complete of my duties, and I am familiar with and accompler 605, F.S. Or, if this document is being fill firm that the limited liability company has been as Assistant Secretary.
Signifi		area ta aat ii	and the constraint of the make an appearance to approximate with the

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