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(Requestor's Name)		İ
(Address)	<u> </u> 	<u> </u>
(Address)		
(City/State/Zip/Phone #)		<u> </u> -
PICK-UP WAIT	MAIL	į
(Business Entity Name)		<u> </u>
(Document Number)		<u> </u>
Certified Copies Certificates of	Status	
Special Instructions to Filing Officer:	<u> </u>	
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2020 JUL -2 AM 7: 00
SECRETARY OF STATE

D. BRUCE AUG 18 7020



CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Erika Zavala Daza erika.zavaladaza@cscglobal.com

Date: June 26, 2020

Order#: 329942-086

Re: BIMBO BAKEHOUSE LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25___.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Please return evidence to the following:

Attn: Erika Zavala Daza

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

XX Return envelope is also enclosed for your convenience.

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

QUCA.XCOA

2020 JUL -2 AM 7: OC SECKETASY OF STAT

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	me of the limited liability compar	ny: BIMBO BA	KĖHOUSE LL	.C		
2. (a)	1011 E TOUHY AVE #500		(b) 1011 E TOUHY AVE #500			
2. (2)	Principal office address of limite (Note: MUST BE STREE				failing address of limited liability company: (Note: M.AY BE POST OFFICE BOX)	
	DES PLAINES, IL 60018			DES PLAI	NES, IL 60018	
	09/24/2015		I	M15000007	655	
3.5. (a)	Date of filing/registration		4.	1	Document number	
J. (a)	Registered Agent and Registered Office	shown on the reco	ords of the Florida	Dept. of State	:	
	Registered Office Address (MUST) E	BE FLORIDA STI	REÉT ADDRESS	<u> </u>	2	
	TALLAHASSEE		, FL 32301		ZOZO JUL SECRETALLA	
(b)			:		2	
, ,	Enter name of NEW Registered Agent	and/or NEW Reg	istered Office ad	dress:		
	Corporation Service Company					
	NEW Registered Office Address:				, E 0	
	1201 Hays Street		·			
	Tallahassee		_, FL			
change agent v was/we	or changes are made, the Florida vill be identical. Or, in the case o	street address of a Florida limi ote of the mem	of the registere ted liability co bers of the lim of the limited l	ed office and impany, it is lited liability iability com	rida, it is hereby confirmed that after the the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
Signa	ture of a member or authorized represent	ative of a member			Printed or typed name of signee	
provisi the obl to mere	ons of all statutes relative to the in igations of my position as registed the reflect a change in the registed I in writing of this change.	proper and com	inlete performa	ance of my d	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	
Signatu	Linace C. Kinbig					
_	E. Kirby, Asst. Vice President of Corpo	oration Service Con		7# Tallabass	saa F1 1731.1	

FILING FEE: \$25.00