## M2400000 2234

(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:							
J. HORNE MAY - 8 2025							

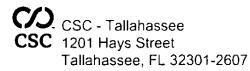
Office Use Only



800442647218

2025 HAY -7 AH II: 27

FILED



850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations From: Amanda Miller - Amanda.Miller@cscglobal.com

Ext: x62969 Date: 05/07/25 Order #: 1937660-1

Re: Big Top Manufacturing, LLC Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Change of Registered Agent and Office

Check in the amount of: \$25.00 - FL State Account Number: I20000000195

Please take the following action:

File on a routine basis Issue proof of filing Return evidence to the following: ATTN: Amanda Miller c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Special Instructions:

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

## **COVER LETTER**

**TO:** Registration Section

INHS18 (2/14)

BIG TOP MANUFACTURING, LLC IECT:						
Name of Limited Liability Company						
Change and fee(s) are submitted for filing.						
atter to the following:						
report notification)						
ase call:						
850 5847786						
Area Code & Daytime Telephone Number						
Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
ount:						
☐ \$55 Filing Fee & Certified 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.

l.	Na	ame of the limited liability company:  BIG TOP MANU	JFACTI	JR	ING, LLC	· · · · · · · · · · · · · · · · · · ·	
2	(a)	3255 US HIGHWAY 19 NORTH		(b) 3255 US HIGHWAY 19 NORTH			
	(11)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		PERRY, FL			PERRY,	FL	
		32347	_		32347		
		02/21/2024		N	M240000	02234	
3.		Date of filing/registration in Florida	- 4.	_		Document number	
5.	(a)	C T CORPORATION SYSTEM					
• • •	(11)	Registered Agent and Registered Office shown on the records of 1200 SOUTH PINE ISLAND ROAD	the Flori	da 1	Dept. of Sta	ite:	
		Registered Office Address (MUST BE FLORIDA STREET)	ADDR <u>E</u> S	<u>SS)</u>		_	
		PLANTATION , FL	33324			2025 HI	
	(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Corporation Service Company	Office a	ıdd	ress:	2005 MAN -7 MINI: 52	
		NEW Registered Office Address:				_ ~ ~	
		1201 Hays Street					
		Tallahassee FL	32301			_	
cha age wa:	inge ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe ibility of if the lii	red on mit	l office au apany, it ted liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
		Colin Hayes  ture of a member or authorized peresentative of a member	CC	DLI	N R HAY	'ES	
S	ignat	ture of a member or authorized epresentative of a member				Printed or typed name of signee	
I h pro the to r not	erel ovisi obli nere ifiec	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I firm writing of this change.	ee to ac perforn I for in iereby c	ct it nar Ch con	n this cap we of my apter 60, yfirm that	pacity. I further agree to comply with the duties, and I am Jamiliar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	
Sig	natu	re of Registered Agent					

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