P1900000 6433

(Re	questor's Name)	
(Ád	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	· #)
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COVER LETTER

TO: Amendment Section Division of Corporations

SUBJECT: BBHB Total Gas Services Inc.

Name of Corporation

.P19000006433

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Paige McKechnie

Name of Contact Person

BBHB Total Gas Services Inc.

Firm/Company

PO Box 111082

Address

Naples, FL 34109

City State and Zip Code

jacobsgas@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Paige McKechnie

,,615 ,593-

Name of Contact Person

Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle

Tallahassee, FL 32301

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

	•	2, 617,0502, 607,1508, or 617,1508, Florida Statutes, this
		ion organized under the laws of the State of Florida or registered agent, or both, in the State of Florida.
	the corporation: BBHB Tota	
2. The name of	6131 Waxr	nyrtle Way, Naples, FL 34109
2. The principa	forfice address;	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
3. The mailing	address (if different): PO Box	111082, Naples, FL 34108
4. Date of incor	poration/qualification: 1/16/2	2019 Document number: P19000006433
	d street address of the current re rtment of State: (If resigned, en	gistered agent and registered office on file with the ter resigned)
	BELL, GREG	
	1415 Panther Lane, S	Suite 232
	Naples, FL 34109	
6. The name an (if changed):	d street address of the new regis	ered agent (if changed) and /or registered office 2019 HAY 3
	Paige McKechnie	AAA AY M
	6131 Waxmyrtle Way	(S) = 1
	Naples, FL 34109	6 Box NOT acceptable The Section 1
The street addr as changed will		the street address of the business office of its registered agent,
Such change w authorized by t	as authorized by resolution dul he board, or the corporation ha	y adopted by its board of directors or by an officer so speed notified in writing of the change.
	New Warn of liver or director	Ben McCarty, President
l further agree verformance of	t the appointment as registered to comply with the provisions of my duties, and I am familiar w	qgent and agree to act in this capacity, of all statutes relative to the proper and complete with and accept the obligation of my position as registered ely to reflect a change in the registered office address. I hotified in writing of this change.
	(5/29/2019
()	enaution Registered Agent	Date
	yped or Printed Name	
	* * * 111	INC EFF. \$35.00 * * *

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (03/12)