I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KATHRYN D MCAVOY

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L17000218667

Entity Name: BAD MAN PRODUCTIONS LLC

Current Principal Place of Business:

3674 BEACH BLVD JACKSONVILLE, FL 32207

Current Mailing Address:

3674 BEACH BLVD JACKSONVILLE. FL 32207

FEI Number: 82-3043393

Name and Address of Current Registered Agent:

MCAVOY, KATHRYN D 1115 POPOLEE RD SAINT JOHNS, FL 32259 US Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGR	Title	MGR
Name	MCAVOY, KATHRYN D	Name	FARMER, SAM
Address	1115 POPOLEE RD	Address	3674 BEACH BLVD
City-State-Zip:	SAINT JOHNS FL 32259	City-State-Zip:	JACKSONVILLE FL 32207

MGR

06/30/2020

FILED Jun 30, 2020 Secretary of State 3356897759CC

Date

Date