## 11400145288

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
	···						
(Business Entity Name)							
(Document Number)							
Certified Copies	_ Certificates	s of Status					
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ALLAHASSEE, FLORIDA

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## COVER LETTER

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	istration Section ision of Corporations		•		
2211	island of corporations				
SUBJECT:	Burger's Botanicals, LLC				
	Nan	ne of Limited L	iability Company		
Dear Sir or I	Madam:				
The enclosed	d Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.		
Please return	n all correspondence concerning th	is matter to the	following:		
Jeffrey A I	Burger				
	Name of Person		<del></del>		
Burger's E	Botanicals, LLC				
	Firm/Company				
13095 Bry	an Road				
	Address				
Loxahatch	nee, FL 33470				
	City/State and Zip Code				
puphdady	@aol.com				
E-mail	address: (to be used for future ann	ual report noti	fication)		
For further i	nformation concerning this matter,	, please call:			
Jeffrey A	Burger	561 at (	635-8945		
	Name of Person		Area Code & Daytime Telephone Number		
	REET/COURIER ADDRESS:		MAILING ADDRESS:		
			egistration Section		
	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327				
	2661 Executive Center Circle Tallahassee, Florida 32314				
	ahassee, Florida 32301				
Enc	losed is a check for the following	; amount:			
<b>□</b> \$:	25 Filing Fee	<b>□</b> \$	55 Filing Fee & Certified Copy		
DHIO10 /2/1/	1)				

INHS18 (2/14)



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 22, 2015

JEFFREY A. BURGER BURGER'S BOTANICALS, LLC 13095 BRYAN ROAD LOXAHATCHEE, FL 33470

SUBJECT: BURGER'S BOTANICALS, LLC

Ref. Number: L14000145288

We have received your document for BURGER'S BOTANICALS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 815A00019924

Nanette Causseaux Regulatory Specialist II Supervisor

www.sunbiz.org

## 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.

Name of the limited liability company:     Burger's Botanicals, LLC						
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  13095 Bryan Road  Loxahatchee, FL 33470		(b)		
3.		09/17/2014  Date of filing/registration in Florida	4.	L1400014		
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  United States Corporation Agents, inc  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  13302 Winding Oak Court A				
	(b)	Tampa , FL_  Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> Jeffrey A Burger	SEE. P. C.			
		NEW Registered Office Address: 13095 Bryan Road	00470			
the age wa	cha ent v s/we arti	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the limited liability and the proper and complete properties of all statutes relative to the proper and complete properties of my position as registered agent as provided by reflect a change in the registered office address, I have	s of the he regis bility co the lim imited l	State of Flo stered office impany, it is ited liability iability com rey A Bure	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.  Ger  Printed or typed name of signee	
no <sub>(</sub>	ified	I'in writing of this change.  Sugar A Bugue  The office stept defent  Division of Corporations • P.O. Be				