

L18000167303

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

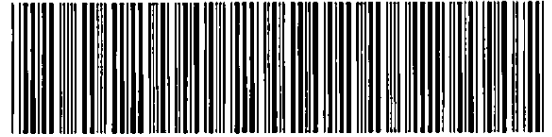
(Business Entity Name)

(Document Number)

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OFFICE OF STATE
18 OCT 16 PM 3:19

FILED
2018 OCT 16 PM 3:21
SECRETARY OF STATE
T. CLINE

T. CLINE
OCT 16 2018
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FitFare LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Brandon Feinstein
Name of Person

FitFare LLC
Firm/Company

707 West Gaines Street Apt #404
Address

Tallahassee, Florida 32304
City/State and Zip Code

Bfeinstein@Fit-Fare.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brandon Feinstein at (561) 305-5628
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

FILED
2010 OCT 16 11:09 AM
TALLAHASSEE, FLORIDA
CORPORATION DIVISION

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. Name of the limited liability company: FitFare LLC

2. (a) _____ (b) _____
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

707 West Gaines Street Apt #404,
Tallahassee, Florida 32304

707 West Gaines Street Apt 404,
Tallahassee, Florida 32304

3. 07/11/2018 4. L18000167303
 Date of filing/registration in Florida Document number

5. (a) Brandon Feinstein
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)
700 West Virginia Street Apt #129
Tallahassee, FL 32304

FILED
 2012 OCT 16 10:41
 TALLAHASSEE, FLORIDA

(b) Brandon Feinstein
 Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

NEW Registered Office Address:
707 West Gaines Street, Apt #404
Tallahassee, FL 32304

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Brandon Feinstein
 Signature of a member or authorized representative of a member

Brandon Feinstein
 Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Brandon Feinstein
 Signature of Registered Agent