Division of Corporations

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENT SOLUTIONS INC

Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

mail	Address:	

## LLC REGISTERED AGENT CHANGE SEVEN ISLES CAPITAL FOOD INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

	COVER LETTER						
TO: Registration Section Division of Corporations	• •						
Seven Isles Capital Food Investmen	ts LLC						
	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 n	natter to the following:						
Mary Castillo							
Name of Person							
Registered Agent Solutions, Inc.							
Firm/Company	<u></u>						
Corporate Center One, 5301 Southwest Pkwy, Ste 400							
Address	<del></del>						
Austin, TX 78735							
City/State and Zip Code							
E-mail address: (to be used for future annual	report notification)						
For further information concerning this matter, ple	rase call:						
Mary Castillo	888 705-7274						
Name of Person	Area Code & Daytime Telephone Number						
Mailing Address:	Street Address:						
Registration Section	Registration Section						
Division of Corporations	Division of Corporations						
P.O. Box 6327	The Centre of Tallahassee						
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following am	ount:						
S25 Filing Fee	S55 Filing Fee & Certified Copy						
INHS18 (2/14)							

15129570210

## 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.

2. (a)	C/O Socius Family Office		(b) C/O Socius Family Office				
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  s Olas Blvd Ste 1550  DERDALE, FL 33301			
	200 E Las Olas Blvd Ste 1550		200 E Las				
	FT LAUDERDALE, FL 33301		FT LAUD				
	7/12/2019		L19000171852				
3.	Date of filing/registration in Florida	— 4.		Document number			
5. (a)	DEANGELO, PAUL B						
J. (L)	Registered Agent and Registered Office shown on the records of C/O SOCIUS FAMILY OFFICE	<del>-</del> е:					
	Registered Office Address (MUST BE FLORIDA STREE	_					
	200 E LAS OLAS BLVD STE 1550						
	FT LAUDERDALE	-	~	3			
(b)	Registered Agent Solutions, Inc.				i ''' i	en E	
(-,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	-		APYRO ARE FILE			
	2894 Remington Green Ln.					LED LED	
	NEW Registered Office Address:					က် -	
	Ste. A			-	: 3 M - 1 - 1	 	
	Tallahassee	L_32308	3	_			
change agent v was/wo	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of the la	ered office and company, it is imited liability	d the busines s hereby con y company c	ss office of the firmed that the	registered change(s)	
IN.	Paul B. DeAngelo	₽	aul B. DeAng	elo	Manager		
Signa	ture of a member or authorized representative of a member			Printed or typ	ed 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.

Mackenzie Hibler, Asst, Secretary
Signature of Registered Agent