L19 000 253 143

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



400354371084

11/02/20--01030--006 **25.00

2020 HOV -2 AM 8: 39
SEGRETARY OF STATE

12/11/120



COVER LETTER

TO:	D: Registration Section Division of Corporations					
SUBJE	ECT:	GML	FINE	FOOI	S U	<u>C</u> pility Company
			ina.	me of Lif	IIIIÇU LIAI	omity Company
Dear S	ir or Madam:					
The en	closed Registered	Agent/Reg	gistered Of	fice Chai	ige and fe	ec(s) are submitted for filing.
Please	return all correspo	ondence co	ncerning tl	his matte	r to the fo	llowing:
NESTOR L. GUILLEN Name of Person						
GUILLEN PUSOL CPA PA Firm/Company						
	2250 9	SW 3P Address	D AVE	STE.	150	_
	M1AM1, Cit	fL 3 y/State and	3129 Zip Code		·	_
E-mail address: (to be used for future annual report notification)						
For fu	rther information	concerning	this matte	er, please	call:	
	ANA M.	ALAVE of Person		at (754_) 246 [235] Area Code & Daytime Telephone Number
	Mailing Addr Registration S Division of Co P.O. Box 632 Tallahassee, F	ection orporation 7	s			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:						
	\$25 Filing F	ee			□ \$5	5 Filing Fee & Certified Copy

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:GML_	FINE FOODS LC		
2. (a) 3641 OAKS CWBHONSE DL Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) 3641 OACS CWBHOUSE OF Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
APT 106	APT 106		
PUMPANO BEACH, FL 33069	POMAANO BEACH, FL 33069		
10/08/19	L19000253143		
3. Date of filing/registration in Florida	4. Document number		
5. (a) LAFA FEDER CO Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:		
Registered Office Address (MUST BE FLORIDA STREET			
APT. 106			
POMPANO BEACH	FL 33069 SECRET TALL		
(b) GUIUEN PULOL CPA PA Enter name of NEW Registered Agent and/or NEW Registered Office address: SSO R			
2250 SW 3PD. AVE	——————————————————————————————————————		
NEW Registered Office Address:			
STE 150			
MIAMI	FL 33129		
change or changes are made, the Florida street address of	e laws of the State of Florida, it is hereby confirmed that after the the registered office and the business office of the registered d liability company, it is hereby confirmed that the change(s) ers of the limited liability company or as otherwise provided in the limited liability company.		
Signature of a member or authorized representative of a member	Printed or typed name of signee		
Signature of a member or authorized representative of a member			
the obligations of my position as registered agent as prov to merely reflect a change in the registered office address notified in writing of this change.	agree to act in this capacity. I further agree to comply with the lete performance of my duties, and I am Jamiliar with and accept yided for in Chapter 605, F.S. Or, if this document is being filed s, I hereby confirm that the limited liability company has been		
Signature of Registered Agent			