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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (813)436-5206

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

______ Address:__

LLC REGISTERED AGENT CHANGE TASTEFULLY DEVINE CATERING, LLC

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To 18506176383

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.	Na	one of the limited liability company: TASTEFULL	Y DEVINE	CATERING, LLC	<u> </u>		
2.	(a)		(b)				
		Principal office address of limited hability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Marling address	Marling address of limited liability company. (Note: MAY BE POST OFFICE BOX)		
		08/04/2022		2000344702			
3.		Date of filing/registration in Florida	4.	Document n	number		
5.	(4)	INC AUTHORITY RA Registered Agent and Registered Office shown on the records of 390 NORTH ORANGE AVE., STE 2300-N Registered Office Address (MUST BE FLORIDA STREET)	the Florida De	pt. of State:			
		ORLANDO , FI	32801		202		
	(b)	Registered Agents Inc			3	1.	
	` '	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :			2023 AUG 22 PM 12: 14		
		7901 4th St N				504	
		NEW Registered Office Address:			ੂੰ ਹੁੰਦੂ ਨੂੰ		
		STE 300			7		
		St. Petersburg . FI	. 33702				
the ag wa the	echa ent v is/wo arti	mited liability company is not organized under the lange or changes are made, the Florida street address of all be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of the organization or the operating agreement of the	f the register iability comp of the limited	ed office and the bus pany, it is hereby conf d liability company of ility company.	iness office of the i firmed that the chai r as otherwise prov	registered nge(s) rided in	
<u>:</u>	Signat	ure of a member or authorized representative of a member	-	Robin Printed or type	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.

Signature of Registered Agent