

LO4 0000 77265

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

must

789 707 671

Office Use Only



200106462042

08/21/07--01017--033 **3300

FILED
OCT 29 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO4-77265

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: _____

Sushi Jo III, LLC
(Name of Corporation)

DOCUMENT NUMBER: _____

L04000077265

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Scott Guerrieri

(Name of Contact Person)

Sushi Jo

(Firm/Company)

319 Belvedere Road Suite #12
(Address)

West Palm Beach, FL 33405
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Scott Guerrieri

(Name of Contact Person)

at (561) 236-8246

(Area Code & Daytime Telephone Number)

Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

07 OCT 29 AM 9:52
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 22, 2007

CHARLES SCOTT GUERRIERI
310 BELVEDERE ROAD, STE 12
WEST PALM BEACH, FL 33405

SUBJECT: SUSHI JO III LLC
Ref. Number: L04000077265

We have received your document for SUSHI JO III 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) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 207A00050788

FILED
07 OCT 29 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR
BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 608.416 or 608.508, 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. The name of the limited liability company is: Sushi Jo III, LLC.
2. The mailing address of the limited liability company is: 319 Belvedere Rd #12
West Palm Beach, FL 33405 LO4000077265
3. Date of filing/registration in Florida _____ 4. Document number _____

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

Business Filings Inc.
Name
1203 Governors Square Blvd. Suite 801
Address
Tallahassee, FL 32301-2960
City, State and Zip

6. The name and address of the new registered agent and/or office:

Charles S. Guerrieri
Name
319 Belvedere Rd
Florida street address (P.O. Box NOT acceptable)
West Palm Beach, FL 33405
City, State and Zip

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.

X Charles S. Guerrieri
(Signature of a member or authorized representative of a member)

Charles S. Guerrieri
(Printed or typed name of signer)

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 608, 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.

X Charles S. Guerrieri
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314
FILING FEE: \$25.00

07/OCT/29 AM 9:52
FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE