104000050709

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

Office Use Only



400299463534

06/05/17--01010--001 **905.00

TAULAHASSEE FLORIBE

COVER LETTER

TO:

TO:	Registration Section Division of Corporations				
SUBJE	The Fries Group, LLC				
	Name of Limited Liability Company				
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered Offi	ce Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning thi	s matter to the fo	ollowing:		
Keath	nel Chauncey, Esq.				
	Name of Person		_		
Fresh	Legal Perspective, PL				
	Firm/Company		_		
6930	W. Linebaugh Avenue				
	Address		_		
Tamp	oa, FL 33625				
	City/State and Zip Code		_		
Conta	act@BLTFL.com				
E	-mail address: (to be used for future annual	ual report notific	cation)		
For fur	ther information concerning this matter,	please call:			
Keath	el Chauncey, Esq.	at (448-1042		
	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	Reg Div P.O Tall	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314		
	Enclosed is a check for the following amount:				
	■ \$25 Filing Fee	□ \$5:	5 Filing Fee & Certified Copy		
INHS18	3 (2/14)				

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.

i. N	ame of the limited liability company: The Fries Gro	up, LLC		
2. (a)	1111 N. Westshore Blvd.	(b) 1111 N. Westshore Blvd.		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (%).	-	of limited liability company: BE POST OFFICE BOX)
	Suite 102B		Suite 102B	
	Tampa, FL 33607		Tampa, FL 33607	
	07/07/2004	L	04000050709	
3.	Date of filing/registration in Florida	4.	Document n	umber
5. (a)	Fresh Legal Perspective, PL			
()	Registered Agent and Registered Office shown on the records of the Salar	he Florida D	ept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		Ž'os
	Suite 308			50 7
	Tampa .FL	33624		NN N
(b)	Gresh Legal Perspective PL			SSECT OF
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addr	ess:	SI Z
	6930 W. Linebaugh Avenue			105 5
	NEW Registered Office Address:			- ·
	Tampa	33625		
the cha agent v was/wa	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	ys of the S the registe bility com f the limite limited lia	red office and the bus pany, it is hereby conf ed liability company or	iness office of the registered firmed that the change(s)
Signa	Ture of a member or authorized representative of a member	- Neall		ed name of signee
I horo	by accept the appointment as registered agent and agree on so fall statutes relative to the proper and complete plant on so position as registered agent as provided ely reflect a change in the registered office address, I have the control of this change.	e to act in performan for in Ch ereby con	thic canacity. I finth	an acrea to comply with the
Signatu	re of Registered Agent			

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