

(Requestor's Name)									
(Address)									
(Address)									
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(City/State/Zip/Phone #)									
PICK-UP WAIT MAIL									
(Business Entity Name)									
(Document Number)									
(2001									
Certified Copies Certificates of Status									
Special Instructions to Filing Officer:									
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FILED
2021 AUG 25 PM 1-1-19
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FLORIDA DEPARTMENT OF STATEM AUG 25 PM 2: 23 Division of Corporations

July 20, 2021

EUGENE GAUDETTE 280 MERRIMACK STREET METHUEN, MA 01844

SUBJECT: 1456 DONUTS, LLC Ref. Number: L15000162673

We have received your document for 1456 DONUTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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) 245-6050.

Catherine M Brumbley Regulatory Specialist II

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Letter Number: 321A00016681

COVER LETTER

TO:	Registration Section Division of Corporations								
CHD II	1456 DONUTS, LLC								
SUBJI	Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.						
Please	return all correspondence concernit	ng this matter to the	e following:						
EUGE	NE H. GAUDETTE								
	Name of Person								
	Firm/Company								
P.O. B	OX N								
	Address								
SANFO	ORD, ME 04073								
	City/State and Zip Co	de	_						
titfany	@ehglaw.com								
E	-mail address: (to be used for future	annual report noti	fication)						
For fur	ther information concerning this ma	itter, please call:							
TIFFA	NY CAMIRE	207 at (324-1551						
	Name of Person		Area Code & Daytime Telephone Number						
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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 follow	ving amount:							
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy						
INHST	8 (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.

2. (a)			(b)						
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	, , ,		Mailing address (Note: MAY)	of limited liab	oility con	ipany:	
	1456 NORTH STATE ROAD 7 MARGATE, FL US 33063			280 MERRIMACK STREET METHUEN, MA 01844					
	SEPTEMBER 24, 2015		L15000162673						
3.	Date of filing/registration in Florida	4.	_		Document nu	ımber			
5. (a)									
• • •	Registered Agent and Registered Office shown on the records of	the Flor	ida D	ept. of Sta	nte:				
	CAFUA CONSULTING COMPANY, LLC								
	Registered Office Address (MUST BE FLORIDA STREET)	(DDRE	<u>(SS)</u>	•	_				
	12236 TILLINGHAST CIRCLE							€	
	PALM BEACH GARDENS , FL	3341	8		_		2021 AUG 25	****	
(b)							UG 2!	=	
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office	addr	<u>ess</u> :		8.5 EGG		m	
						ात्र स्वरा	PH 1:49	D	
	NEW Registered Office Address:					: <u>}.</u> (11)	6 5		
	4100 N POWERLINE ROAD, UNIT MI				_			•:	
	POMPANO BEACH , FL	3307	3						
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liague authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registe bility f the li	red com mite	office ar pany, it i ed liabili	nd the business is hereby confi ty company or	office of the of the office of	he regis he char	tered ige(s)	
		E	JGE	NE H. G	AUDETTE				
Signat	ture of a member or addorized representative of a member				Printed or type	I name of sign	nec		
provisi the obl to mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the properties of this change.	ee to a perfori l for in jereby	ct in man Chi conj	this cap ce of my apter 602 arm that	pacity, I furthe duties, and I a 5, F.S. Or, if the the limited lian	r agree to o m familiar his docume bility comp	comply with ar nt is be any ha:	with the id accept ing filed s been	

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

Signature of Registered Agent