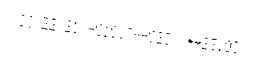
## 116000012895

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(Address)				
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## **COVER LETTER**

Division of Corporations	
CHRIECT.	PB DONUTS, LLC
SUBJECT:	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Register	red Office Change and fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the following:
EUGENE H. GAUDETTE	
Name of Persor	1
Firm/Company	<u> </u>
P.O. BOX N	
Address	
SANFORD, ME 04073	
City/State and Zip	Code
tiffany@ehglaw.com	
E-mail address: (to be used for fut	ure annual report notification)
For further information concerning this	matter, please call:
TIFFANY CAMIRE	207 324-1551 at ( )
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 fol	llowing amount:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

INHS18 (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.

1. N	ame of the limited liability company:PB DONU	UTS, LLC	
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	9901 PINES BLVD		280 MERRIMACK STREET
	PEMBROKE PINES, FL 33024		METHUEN, MA 01844
	FEBRUARY 2, 2016	L	16000022895
3.	Date of filing/registration in Florida	4.	Document number 2
5 (0	<b>.</b>		Document number 2021
5. (a)	Registered Agent and Registered Office shown on the records o	Dept. of State:	
	CAFUA CONSULTING COMPANY, LLC		
	Registered Office Address (MUST BE FLORIDA STREET		
	12236 TILLINGHAST CIRCLE		
	PALM BEACH GARDENS, F	33418	
	NEW Registered Office Address:		
	4100 N POWERLINE ROAD, UNIT MI		<del></del>
	POMPANO BEACH, F	L_33073	
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	aws of the S e registered iability com of the limit e limited lia	office and the business office of the registered apany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in
Sign	nature of a member or authorized representative of a member		Printed or typed name of signee
I her provi the ol to me	eby accept the appointment as registered agent and agsions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, led in writing of this change.	gree to act in e performan ed for in Ch I hereby con	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and acceptapter 605, F.S. Or, if this document is being filed firm that the limited liability company has been
Signal	ture of Registered Agent		