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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 : (307)200-2803 Phone Fax Number : (855)330-1010

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

Email Address:	
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## LLC REGISTERED AGENT CHANGE **VYBZ RESTAURANT & LOUNGE LLC**

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0
02
\$25.00

Electronic Filing Menu

Corporate Filing Menu

NOV \_ = 2021

## 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. Ni	ume of the limited liability company: VYBZ RE	STAUR	ANT & LOUNGE LLC
		<i>(</i> )	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
			200240062
	10/27/20		000340962
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.		<del></del>
	Registered Agent and Registered Office shown on the records of the	he Florida Dept. o	of State:
	5237 SUMMERLIN COMMONS		
	Registered Office Address (MUST BE FLORIDA STREET A)	DDRESS)	
	SUITE 400		
	FORT MYERS .FL	33907	2021 3EC 1411
	Registered Agents Inc.		SECRETAL VALUE
(b)	Enter name of NEW Registered Agent and/or NEW Registered C	Office address:	29
	Chief hank of 1999 September 1999		
	7901 4th St N		55 <b>6.</b> [
	NEW Registered Office Address:		<b>1 1 2</b>
	STE 300		
	St. Petersburg	33702	
the cha agent i was/w	imited liability company is not organized under the law ange 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 law.	the registered : bility company f the limited lis	office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.
Signa	sture of a member or authorized representative of a member		Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided sely reflect a change in the registered office address. I had in writing of this change.  Bill Havre - Assistant  we of Registered Agent	perjormance o I for in Chapte iereby confirm	s capacity. I further agree to comply with the if my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been