that my name appears above, or on an attachment with all other like empowered.		
SIGNATURE: ANITA COMISKY	MANAGING MEMBER	07/03

Electronic Signature of Signing Authorized Person(s) Detail

AMELIA ISLAND, FL 32034 **Current Mailing Address:**

1776 HAMMOCK DRIVE AMELIA ISLAND. FL 32034 US

FEI Number: 47-5289373

1776 HAMMOCK DRIVE

Name and Address of Current Registered Agent:

COMISKY, ANITA 1776 HAMMOCK DRIVE AMELIA ISLAND, FL 32034 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Authorized Person(s) Detail :

Title	MGRM	Title	MANAGING MEMBER
Name	COMISKY, ANITA	Name	DAVIS, JOSHUA
Address	1776 HAMMOCK DRIVE	Address	810 SADLER ROAD
City-State-Zip:	AMELIA ISLAND FL 32034	City-State-Zip:	FERNANDINA BEACH FL 32034

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and 03/2019

Certificate of Status Desired: No

FILED Jul 03, 2019 Secretary of State 0680870224CC

Date

Date

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000114856

Entity Name: AMELIA TOFFEE COMPANY, LLC

Current Principal Place of Business: