## L000001333

(Danisa da Ja Nassa)				
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
MAIL out in attached envelope				

Office Use Only



400444465874

400444465874 048025--01008--005 ^^55.00

025 APR 30 FH 12: 2025 APR 30 AM 10: 53



Attorneys and Counselors at Law 123 South Calhoun Street P.O. Box 391 32302 Tallahassee, FL 32301

P: (850) 224-9115 F: (850) 222-7560 ausley.com

DIRECT DIAL - (850) 425-5306 khunter@ausley.com

April 30, 2025

Florida Department of State Registration Section – Division of Corporations The Centre of Tallahassee 2415 North Monroe Street Suite 810 Tallahassee, Florida 32303

VIA HAND-DELIVERY

Re:

Wanish Cigar Factory, LLC

Document No.: L00000015733

## Dear Sir/Madam:

Enclosed for filing with your office is an original Statement of Change of Registered Office or Registered Agent for Limited Liability Company for the above-referenced limited liability company. Also enclosed is our firm's check made payable to Florida Department of State in the amount of \$55.00 representing the following:

	TOTAL	\$55.00
2.	Certified copy	\$ <u>30.00</u>
1.	Filing fees	\$25.00

Please "file-stamp" the enclosed copy of the Statement of Change, immediately process the filing of the Statement of Change, and mail to us the certified copy in the pre-addressed, postage prepaid envelope.

Thank you for your assistance. If you have any questions, please do not hesitate to call me.

Yours/truly,

Kathryn T. Hunter,

Paralegal

/kth

Enclosures

## **COVER LETTER**

	gistration Section vision of Corporations		
SUBJECT	WANISH CIGAR FACTORY. LI	.C	
		ame of Limited	Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered C	ffice Change as	nd fee(s) are submitted for filing.
Please retu	rn all correspondence concerning	this matter to th	ne following:
Gerald C. T	homas		
	Name of Person		
Ausley & M	cMullen, P.A.		
	Firm/Company		<del></del>
P.O. Box 39	l .		
	Address	<u> </u>	<del></del>
Tallahassee.	FL 32302		
	City/State and Zip Code		
gthomas@a	usłey.com		
E-ma	il address: (to be used for future a	nnual report no	tification)
For further	information concerning this matte	er, please call:	
Kathy Hunte	er	850 at (	425-5306
	Name of Person	~ (	Area Code & Daytime Telephone Number
Re Di P.0	ailing Address: gistration Section vision of Corporations D. Box 6327 Ilahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the following	ng amount:	
۵	\$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.

(a)	2074 Centre Pointe Boulevard		(b) 2074 Cen	tre Pointe Boulevard
()	Principal office address of limited liability company:		/	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS) Suite 200		e 200	(Note: MAY BE POST OFFICE BOX)
	Suite 200	_	Suite 200	
	Tallahassee, F1, 32308	_	Tallahasse	ee, FL 32308
	February 10, 2011		L00000015	733
	Date of filing/registration in Florida	4.		Document number
(a)	Richard E. Benton			
(4)	Registered Agent and Registered Office shown on the records of th	e Flori	da Dept. of Sta	te:
	1415 East Piedmont Drive			025
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			To the second second
	Suite 4			FILED PILED
	Tallahassee EL 3	2312	· · · · · · · · · · · · · · · · · · ·	T. T.
(b)	Ausley & McMullen, P.A.			FINE: 1.7
(-)	Enter name of NEW Registered Agent and/or NEW Registered C	Iffice a	ddress:	- ; <b>-</b>
	⊘o Gerald C. Thomas			
	NEW Registered Office Address:			_
	123 South Calhoun Street			<del>-</del>
	Tallahassee , FL	2301		
the li	mited liability company is not organized under the laws or changes are made, the Florida street address of the r	egiste	red office ar	nd the business office of the registered
ange ent w is/we	vill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cless of organization or the operating agreement of the li	the lin	mited liabili	ty company or as otherwise provided in
ange ent was/we e arti-	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	the lin	mited liabili liability cor	ty company or as otherwise provided in npany. as. Authorized Representative
ange ent w is/we e arti	re authorized by an affirmative vote of the members of	the lin	mited liabili liability cor	ty company or as otherwise provided in mpany.
sange gent was/we e arti- Signat herel- tovising e obli- mere- otified	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	Ge	mited liabili liability cor rald C. Thom	ty company or as otherwise provided in npany.  as. Authorized Representative  Printed or typed name of signee  pacity. I further garee to comply with the