## L03000054444

(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:





900410812679

06/20/23--01008--011 \*\*220.00

TILED

2023 JUN 20 PM 1: 06

## COVER LETTER

	istration Section ision of Corporations		•
SUBJECT:	WESTON ALE HOUSE LLC		
	1	Name of Limited	Liability Company
Dear Sir or I	Madam:		
The enclosed	d Registered Agent/Registered (	Office Change and	d fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to the	e following:
CHRIS MOU	TOS		
<del></del> -	Name of Person		
WESTON AI	LE HOUSE LLC		
	Firm/Company		_ <del></del>
6510 CHAPE	L HILL RD		
	Address		<del></del>
RALEIGH N	C 27607		
	City/State and Zip Code		<u> </u>
CMOUTOS@	LMREST.COM		
E-mail	address: (to be used for future a	nnual report notif	lication)
For further in	aformation concerning this matte	er, please call:	
CHRIS MOU		919 at (	8510858
	Name of Person		) Area Code & Daytime Telephone Number
Regi Divi: P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclo	osed is a check for the followir	ng amount:	
E3 \$2	5 Filing Fee	<b>□</b> \$.	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.

. Na . (a)	ame of the limited liability company: 2618 WESTON ROAD			(b) 6510 CHAPEL HILL ROADD					
	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)						
	2618 WESTON RD			6510 CHA	APEL HILL RO	OAD			
	WESTON FL 33331 12/18/2003			RALEIGH NC 27607 L03000054444					
	Date of filing/registration in Florida	<u> </u>	-		Document n	umber			
(a)	ILIAS L MOSHAKOS								
aj	Registered Agent and Registered Office shown on the records	of the Flo	orida	Dept. of State	– e:				
	ILIAS L MOSHAKOS			-					
	Registered Office Address (MUST BE FLORIDA STREE	TADDR	ESS)		-				
(b) .	704 N OCEAN BLVD APT 602								
	POMPANO BEACH	FL_3306	2		-				
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					TALL	2023 . TÄLL		
	PLUE BALOCCO & ABRIL, C/O JOSEPH BALOCCO JR				AHASSEE. FLORID	JUN 20			
	NEW Registered Office Address:				EE.	3 3			
	4332 EAST TRADEWINDS AVE				_				
	LAUDERALE BY THE SEA	FL_3330	3		I: 06 STATE LORIDA		90 :		
ge t w wei	mited liability company is not organized under the lor changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited to authorized by an affirmative vote of the members less of organization or the operating agreement of the	ne regist liability of the e limite	ered com limit d lia	office and pany, it is ed liability bility com	I the business hereby confi company or pany.	s office of t irmed that t	he regi he cha	istered nge(s)	
n. e.t.	Chris Moutos re of a member or authorized representative of a member	_	HRI	S MOUTOS	S Printed or type	d name of ci-			
. a b	y accept the appointment as registered agent and as ns of all statutes relative to the proper and complet gations of my position as registered agent as provid y reflect a change in the registered office address, i in writing of this change.	gree to d e perfor led for it hereby	act in man n Ch r con	. <i>thi</i> n	ain I finila			with the wit	