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SLORETARY OF STATE
SLORETARY OF STATE

K. SALY APR 23 2018

COVER LETTER

TO:	Registration Section
	Division of Corporations

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

City/State and Zip Code

LOSTERIANAPLESFLE GMAIL. COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following 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: NEW ENGLAND CULINARY LLC
2. (a)	(b)
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
	3150 VILLAGE WALK CIRCLE 3150 VILLAGE WALK CIRCL
	#100, NAPLES FL 34109 #100, NAPLES FL 34100
	06/05/06
3.	Date of filing/registration in Florida 4. Document number
5. (a)	WOODSRIDGE, TUSSRICK JR. Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
	2655 S LE JEUNE ED STE 543
	COLAL GABLES , FL 33/34
(b)	CHCISTOS PAPANDROTA Enter name of NEW Registered Agent and/or NEW Registered Office address:
, ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
	3150 VILLAGE WALK CIACLE STE 100
	NEW Registered Office Address:
	
	NAPLES ,FL 34109
the cha agent v was/we	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after nige or changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) are authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cless of organization or the operating agreement of the limited liability company.
Signat	ure of a member or authorized representative of a member CHRISTOS PAPANDLEOU Printed or typed name of signee
provision the oblination to mere	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the consort of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept agations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been in writing of this change.
Signatur	e of Registered Agent