L07000088903

·
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Document Number)
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Papa Joe's LLC (Name	of Limited Liability Company)		
,	1 27		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning	g this matter to the following:		
Joyce Thornton, CPA			
(Name of Person)			
Barron Collier Companies			
(Firm/Company)			
;			
2600 Golden Gate Parkway			
(Address)			
Nonlog El 2440E			
Naples, FL 34105 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this mat	ter, please call:		
Joyce Thornton	at (239) 403-6733		
(Name of Person)	(Area Code & Daytime Telephone Number)		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section Registration Section			
Clifton Building	Division of Corporations Clifton Building Division of Corporations P.O. Box 6327		
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314		
Enclosed is a check for the following	ng amount:		
	☐ \$55 Filing Fee & Certified Copy		

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, 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. Nai	me of the limited liability company: Papa Joe's L	LC	
2. (a)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 2600 Golden Gate Parkway Naples, FL 34105	•
(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2600 Golden Gate Parkway Naples, FL 34105	# 0
03-26-		L07000088903	
3. Dat	te of filing/registration in Florida	4. Document number	
5. (a)	Registered Agent and Registered Office shown on t Registered Agent:	he records of the Florida Dept. of Sta	leo T
	Registered Office Address:	2600 Golden Gate Parkway Naples, FL 34105	3 7
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered Office address:	:59
	NEW Registered Agent:	R. Blakeslee Gable	
	NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2600 Golden Gate Parkway	
		Naples,FL_34	105
that aft office hereby liabilit limited	imited liability company is not organized under the later the change or changes are made, the Florida street of the registered agent will be identical. Or, in the car confirmed that the change(s) was/were authorized by company or as otherwise provided in the articles of liability company.	address of the registered office and t se of a Florida limited liability comp y an affirmative vote of the members	he business any, it is of the limited
(Signatui	re of a member or authorized representative of a member)	-	
	or typed name of signee) by accept the appointment as registered agent and as which the provisions of all statutes relative to the pro- niliar with and accept the obligations of my position of r, if this document is being filed to merely reflect a c n that the limited liability company has been notified	gree to act in this capacity. I further a per and complete performance of my as registered agent as provided for in hange in the registered office address in writing of this change.	agree to duties, and I Chapter 608, s, I hereby
(Signatu	ire of Registered Agent)		

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00