

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000119045 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803

Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Emad 1	Address:			
t maii	AOOTESS:			

LLC REGISTERED AGENT CHANGE SWEET MELISSA'S CAFE, L.L.C.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help ... 30 mis

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: SWEET	MEL	ISSA'S	CAFE, L.L.C.			
2. (a)			(b)				
,	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	7901 4th St N STE 300		7901 4th St N STE 300				
	St. Petersburg FL 33702		St. Pete	rsburg FL 33702			
	01/11/08		L0800	0004320			
3.	Date of filing/registration in Florida	- 4.		Document number			
5. (a)	_TALMAGE, MELISSA L						
	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of State				
				_			
	Registered Office Address (MUST BE FLORIDA STREET)	ADDRES	<u>(SS)</u>	•			
	1625 PERWINKLE WAY			-			
	SANIBEL FI	3395	57	2023			
				2023 HAR 29			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Northwest Registered Agent LLC					
	Enter thanke of the W Registered Agent and/or NEW Registered	Office a	naress:	PA E			
	7901 4th St N						
	NEW Registered Office Address:			կ։ 06			
	STE 300						
	St. Petersburg	3370	2				
the cha agent v was/we the arti	imited liability company is not organized under the lavinge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited like ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the further of a member or authorized representative of a member.	the regability of the linited	istered office company, it is mited liability liability com	and the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in apany. NAT SMITH Printed or typed name of signee			
provisi the obl to merc	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, 1 ld in writing of this change.	perfori d for in hereby (nance of my o Chapter 605 vonfirm that i	icus: I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been			
, , ,	Tavlor Newman - Assistan	LINDON	DISTV				

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

Signature of Registered Agent