

LO8 000039868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

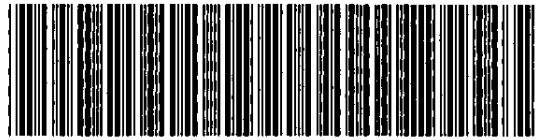
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

No \$

Office Use Only



200163415292

03/22/10--01040--027 **55:00

FILED
2010 MAR 19 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAR 22 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2010

TICARDO MCQUEEN
140 N ORLANDO AVE 150 SUITE 14
WINTER PARK, FL 32789

SUBJECT: FOOD, HEALTH & ENVIRONMENTAL SAFETY, L.L.C.
Ref. Number: L08000039868

We have received your document for FOOD, HEALTH & ENVIRONMENTAL SAFETY, L.L.C., however, upon receipt of your document no check was enclosed. Please return your **document** along with a **check** or **money order** made payable to the Department of State for \$55.00.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 310A00003268

2010 MAR 19 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Food Health & Environmental Safety
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:

Ricardo McQueen
Name of Person

Food Health & Environmental Safety
Firm/Company

140 N Orlando Ave 150 Suite 14
Address

Winter Park FL 32789
City/State and Zip Code

rmcqueen@foodhealthsafety.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joseph B. Ryan III at (305) 444-4949
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2601 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

FILED
2016 MAR 19 PM 3:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
FEB -5 AM 8:00
TALLAHASSEE, FLORIDA

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. Name of the limited liability company: Food Health & Environmental Safety
2. (a) Principal office address of limited liability company: 140 N Orlando Ave 150 STE 14
☐ Winter Park FL 32789
(Note: **MUST BE STREET ADDRESS**)
- (b) Mailing address of limited liability company: 140 N Orlando Ave 150 STE 14
☐ Winter Park FL 32789
(Note: **MAY BE POST OFFICE BOX**)

02/05/2009
3. Date of filing/registration in Florida

L08000039868
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent:

Registered Office Address:

Ryan, Joseph B III
2701 S. Bayshore Drive
SUITE 402
MIAMI FL 33133

- (b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**

NEW Registered Agent:

NEW Registered Office Address:

(MUST BE FLORIDA STREET ADDRESS)

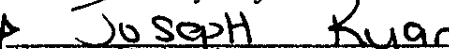
Same
140 N Orlando Ave 150 STE 14
Winter Park FL 32789

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

Ricardo McQueen
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent

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