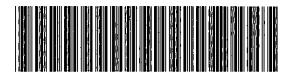
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(Red	questor's Name)	· · · · · ·
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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE

T. CLINE

MAY 8 9 2008

EXAMINER

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Heart N Soul Cafe LLC (Name of Limited Liability Company)		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for fi	iling.	
Please return all correspondence concerning this matter to the following:		
(Name of Person)		
(Firm/Company)		
322 NE Trestle Dr (Address)	200 SE	
MA76 F1 32666 (City/State and Zip Code)	2008 HAY 29 SECRETARY (*** : : :
For further information concerning this matter, please call:	PM 12: 41 OF STATE E.FLORID	
(Name of Person) at (386) 294-2083 (Area Code & Daytime Telephone N		
(Name of Person) (Area Code & Daytime Telephone N	lumber)	
STREET/COURIER ADDRESS: Registration Section MAILING ADDRESS: Registration Section		

Enclosed is a check for the following amount:

\$25 Filing Fee

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301

☐ \$55 Filing Fee & Certified Copy

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

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: Heart	N Soul CAFE LLC		
2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	152 W. Mr.n 5+ MAYO FI 32066		
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	P.O. Box 315 MAYO, FI 32066		
5/12/08 3. Date of filing/registration in Florida	L080000 47626 Document number		
5. (a) Registered Agent and Registered Office shown on the	ne records of the Florida Dept. of State:		
Registered Agent:	Linda Partney		
Registered Office Address:	152 W. Main ST Suite 1		
<u>:</u>	MAYO FI 32066		
(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:			
NEW Registered Agent:	Jessica Johnson &		
NEW Registered Office Address: (SAMC) (MUST BE FLORIDA STREET ADDRESS)	Suite I Mayo, Fl 32066FE		
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)			
Printed or typed name of signee)			
I hereby accept the appointment as registered agent and age comply with the provisions of all statutes relative to the pro- am familiar with and accept the obligations of my position of F.S. Or, if this document is being filed to merely reflect a cl confirm that the limited liability company has been notified	gree to act in this capacity. I further agree to per and complete performance of my duties, and I as registered agent as provided for in Chapter 608, hange in the registered office address, I hereby in writing of this change.		
(Signature of Registered Agent)			

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