## L100000330/4

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(Req	uestor's Name)	
(Add	ress)	
· (Add	ress)	
(City	/State/Zip/Phone	ə <b>#</b> )
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE OR STORE

T. HAMPTON

AUG - 3 2010 .

EXAMINER

## COVER LETTER

TO:	Registration Section Division of Corporations	, <del>#"</del>			,	e e	
<i>:</i>			•		· :		
SUBJ		<u>Southern</u>				g, LLC	
	Name	of Limite	d Liabil	lity Con	npany		
Dear	Sir or Madam:	·					
Dear 3	on or iviadam.			*		•	
The er	nclosed Registered Agent/Register	red Office	Change	and fee	e(s) are	submitted for filing	
Please	return all correspondence concer	ning this n	natter to	the fol	lowing	;	
					,		
	•						
	James L Stevens	5			• •		
	Name of Person			_			
						,	
	Fred's Management Cor	mnony					
. ——	Firm/Company	прапу		<del>-</del>			
	• •			-			
	242431						
<del></del>	2124 Harden Blvd Address			_			
	Address			.•	• •	1	
					٠.	;	
• .	Lakeland, FL 3380	3				•	
	City/State and Zip Code					1	
		•	:			. •	
	Trey@fredssouthernkitch	en.com					
E-	mail address: (to be used for future annual re	port notificati	on)				
For fu	ther information concerning this	matter nle	ace nall				
	· ·	manci, pic	asc can			1	
						•	
	Tammy G Johnson	at (	863	_) _ ·		680-1147	
1	Name of Person			Area Cod	e & Dayt	ime Telephone Number	
, ,	STDEET/COUDIED ADDRESS.		344		ADDD	r ;	
	STREET/COURIER ADDRESS: Registration Section			ILING			
,	Division of Corporations		Registration Section Division of Corporations				
ě	Clifton Building		P.O. Box 6327				
	2661 Executive Center Circle			lahassee,		i 32314	
. ,	Tallahassee, Florida 32301	•				•	
	Englosed is a sheet for the fall.	ouine ee		å	•	; *	
	Enclosed is a check for the following	nwing ame	ount:	, i		3	
. [	<b>√</b> \$25 Filing Fee		\$5	5 Filing	g 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. Name of the limited liability company:Fred's	Southern Gourmet Ca	atering, LLC		
2. (a) Principal office address of limited liability compar	ıy:			
(Note: MUST BE STREET ADDRESS)	1380 N Broadway Bartow, FL 33830			
(b) Mailing address of limited liability company:				
(Note: MAY BE POST OFFICE BOX)	2124 Harden Blvd Lakeland, FL 33803			
03/25/2010	L1000003	3014		
3. Date of filing/registration in Florida	4. Document number			
5. (a) Registered Agent and Registered Office shown on	the records of the Florida l	Dept. of State:		
Registered Agent:	Tammy G Johnson	<del> </del>		
Registered Office Address:	2124 Harden Blvd Lakeland, FL 33803			
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u>	•			
NEW Registered Agent:	Fred's Management Co	ompany, LLC		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2124 Harden Blvd Lakeland	,FL <u>33803</u>		
If the limited liability company is not organized under the confirmed that after the change or changes are made, the land the business office of the registered agent will be ider liability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company.  Signature of a member or authorized representative of a member  Tammy G Johnson  Printed or typed name of signee  I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the pand I am familiar with and accept the obligations of my p Chapter 508, F.S. Or, if this document is being filed to maddress, I hereby confirm that the limited liability company.	Florida street address of the ntical. Or, in the case of a Fs) was/were authorized by a crwise provided in the articley.	registered office lorida limited in affirmative vote es of organization es of organization FILEU		
Signature of Registered Agent				

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