L10000065117

(I	Requestor's Name)	
(/	Address)	
(4	Address)	
(0	City/State/Zip/Phone) #)
PICK-UP	☐ WAIT	MAIL
(I	Business Entity Nan	ne)
(I	Document Number)	
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EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT:	Uncle Freddy's, LLC Name of Limited Liability Company		
	Name of Limited I	nanifity Company	
Dear Sir or N	Madam:	 	
The enclosed	Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return	all correspondence concerning this matt	er to the following:	
		•	
	Mike Goodwin		
	Name of Person		
	8		
	Breezego Firm/Company	-	
	, , , , , , , , , , , , , , , , , , ,	7.0	
	3332 Southside Blvd		
	Λddress	AS A	
		Say	
	Jacksonville, FL 32216	ு இ	
	City/State and Zip Code	F STA	
	Mike@breezego.com	ुन १	
E-mail adde	Mike@breezego.com ress: (to be used for luture annual report notification)		
For further in	formation concerning this matter, please	call:	
	Jan Lappan at (9	04) 998-4066 ext. 231	
	Name of Person	Area Code & Daytime Telephone Number	
cmpr	PT/COUNTED ADDRESS.		
	ET/COURIER ADDRESS:	MAILING ADDRESS: Registration Section	
	on of Corporations	Division of Corporations	
	n Building	P.O. Box 6327	
	Executive Center Circle	Tallahassee, Florida 32314	
Tallah	assee. Florida 32301		
Enclo	sed is a check for the following amoun	t:	
\$25	Filing Fee	\$55 Filing Fee & Certified Copy	
INHS18 (5/08)			

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. Uncle Freddy's, LLC 1. Name of the limited liability company: _ 3332 Southside Blvd 2. (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Jacksonville_El_32216 3332 Southside Blvd (b) Mailing address of limited liability company: Jacksonville, FL 32216 (Note: MAY BE POST OFFICE BOX) L10000065117 6/29/2011 3. Date of filling/registration in Florida 4. Document number 5, (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: Registered Agent: Jan Lappan 4545 Arrow Wind Lane Registered Office Address: Jacksonville, FL 32258 (b) Enter name of NEW Registered Agent and/or NEW Registered Office addre **NEW** Registered Agent: Michael Goodwin 3332 Southside Blyd **NEW** Registered Office Address: (MUST BE FLORIDA STREET ADDRESS) Jacksonville 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.

Salem Hassan
Printed or typed name of signee

Signature of a member or authorized representative of a member

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 statules 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, Tallahassec, FL 32314 FILING FEE: \$25.00