10000013380

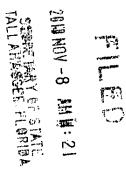
(Re	questor's Name)	
•	,	
(Address)		
(Address)		
(Cit	ty/State/Zip/Phone i	#)
PICK-UP	☐ WAIT	MAIL
<u>-</u> -		
(Bu	siness Entity Name	e)
(Do	ocument Number)	
ζ	· · · · · · · · · · · · · · · · · · ·	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



300187275263

11/08/10--01033--010 **25.00



T. CLINE
NOV - 9 2010
EXAMINER

COVER LETTER

Division of Corporations	·
SUBJECT: Southern Style Cas Name of Limited	Jenne 3 Even 15 d 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 m	atter to the following:
Jereny Moore Name of Person	
Southern Style Cutering 3 Ever	nts Zee Nov
7465 Worth Pala Fox	
Pensacola, FC 32503 City/State and Zip Code	E CONTRACTOR OF THE PARTY OF TH
Moore 157 and Com E-mail address: (to be used for future annual report notification	on)
For further information concerning this matter, plea	ase call:
Jeremy Moore at (8	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 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 amo	unt:
\$25 Filing Fee	\$55 Filing 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: Southern	Style Cutering and Even 13
2. (a) Principal office address of limited liability compan	
(Note: MUST BE STREET ADDRESS)	7465 Worth Palafox Street
(b) Mailing address of limited liability company:	Rensacola, FL 32503
(Note: MAY BE POST OFFICE BOX)	7465 North Palafox Street Pensacola, FL 32503
3. Date of filing/registration in Florida	L10000073380
3. Date of filing/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:	Jereny Moore = ==
Registered Office Address:	7465 Worth Palaba Struct
	Rensacola, FC-32503
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered Office address:
NEW Registered Agent:	
<u>NEW</u> Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	7465 Worth Pala fox Street
	Pensacola ,FL32563
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be idenliability company, it is hereby confirmed that the change(s of the members of the limited liability company or as other or the operating agreement of the limited liability company	laws of the State of Florida, it is hereby lorida street address of the registered office tical. Or, in the case of a Florida limited) was/were authorized by an affirmative vote rwise provided in the articles of organization y.
Signature of member or authorized representative of a member	_
Printed or typed name of signee	_
I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the pr and I am familiar with and liceept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby donfirm that the limited liability compan	gree to act in this capacity. I further agree to oper and complete performance of my duties, sition as registered agent as provided for in erely reflect a change in the registered office y has been notified in writing of this change.
Signature of Registered Agent	
Division of Corporations, P.O. Box 63	27. Tallahassee FL 32314
/ DEFENDED OF A SUPERIOR F.C. INVA U.S.	/4/4 GIIGHASSEE, PIJ 3/43/14

FILING FEE: \$25.00