## L10000094855

(Requestor's Name)				
(Address)				
(Address)				
(City/	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busi	ness Entity Nan	ne)		
(Document Number)				
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SECRETARY OF STATE
ANASSES FLORIDA

D. BRUCE

SEP 3 0 2011

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJI		ed Liability Company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Office	Change and fee(s) are submitted	for filing.	
Please	return all correspondence concerning this r	matter to the following:		
**************************************	Scott D. Sopher Name of Person	<del></del>		
	Mobile Nosh CCC	and the state of t	A. =	
2-	7514 Wisconsin St Address		SEP 29 AM PHISTORIAN OF STANKING TO STANKI	
1500	City/State and Zip Code	.3.\	57 RIDA	
E-n	SYCSOPher a Combargna nail address: (tolbe used for future annual report notificat	ail. Com		
For fur	ther information concerning this matter, ple	ease call:		
So	Name of Person at (	239 <u>248 - 0715</u> Area Code & Daytime Telephon		
	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 amount:				
Ì	\$25 Filing Fee	\$55 Filing Fee & Certified	Сору	

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.3 liability company submits the following statement in ordered agent, or both, in the State of Florida.	er to change its registered office or registered		
1. Name of the limited liability company:	de Nosh LLC		
2. (a) Principal office address of limited liability compan	y: <u>27514</u> Wisconsin St.		
(Note: MUST BE STREET ADDRESS)	Bonita Spring 5 FL 34135		
(b) Mailing address of limited liability company:	same as above		
(Note: MAY BE POST OFFICE BOX)			
9/16/10	L10000094855		
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:	Jaimie Lang		
Registered Office Address:	United States Copporation Agents In 13302 Winding Oaks Blud		
	Suite A-100 Tampa FL 33612		
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	<b>\</b>		
NEW Registered Agent:	Scott Sopher		
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	Bonita Springs FL 34135		
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 iden liability company, it is hereby confirmed that the change(s of the members of the limited liability company or as othe 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 comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my per Chapter 608, F.S. Or, if this document is being filed to me address. Thereby confirm that the limited liability company	Florida 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 Registered Agent			

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

INHS18 (05/08)