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| | | (Requ | iestor's Na | me) | | | |
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| | | (Addr | ess) | | | | |
| (Address) | | | | | | | |
| (City/State/Zip/Phone #) | | | | | | | |
| |] PICK-L | P | ☐ WAIT | | MAIL | - | |
| | | (Busi | ness Entity | Name) | | | |
| | | (Досі | ıment Num | ber) | | | |
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| Certified | Copies | | Certific | ates of | Status | | |
| Special | Instruction | s to Fi | ling Officer | : | | | |
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| 1 | | | Office Use | e Only | | | |
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S. WARREN 0CT 2 5 2017

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| The A-Squad, LLC DBA BrewTown Burgers SUBJECT: | | | | | | | | | |
| | | Name of Limited Liability Company | | | | | | | |
| Dear 8 | Sir or Madam: | | | | | | | | |
| The e | nclosed Registered Agent/Registered Offic | e Change and fee(s) are submitted for filing. | | | | | | | |
| Please | return all correspondence concerning this | matter to the following: | | | | | | | |
| Amy | Jones | | | | | | | | |
| | Name of Person | | | | | | | | |
| The A | A-Squad, LLC | | | | | | | | |
| | Firm/Company | | | | | | | | |
| 1925 | 5 North Dale Mabry Hwy | | | | | | | | |
| | Address | | | | | | | | |
| Lutz, | FL 33548 | | | | | | | | |
| | City/State and Zip Code | | | | | | | | |
| info@ | brewtownburgers.com | | | | | | | | |
| I | E-mail address: (to be used for future annu | al report notification) | | | | | | | |
| For fu | rther information concerning this matter, p | lease call: | | | | | | | |
| | | _at () | | | | | | | |
| | Name of Person | Area Code & Daytime Telephone Number | | | | | | | |
| | STREET/COURIER ADDRESS: | MAILING ADDRESS: | | | | | | | |
| Registration Section Division of Corporations | | Registration Section | | | | | | | |
| | | Division of Corporations P.O. Box 6327 | | | | | | | |
| | 2661 Executive Center Circle | Tallahassee, Florida 32314 | | | | | | | |
| | Tallahassee, Florida 32301 | | | | | | | | |
| | Enclosed is a check for the following a | mount: | | | | | | | |
| | ☑ \$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 605.0114 or 605.0116, 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.

| t. Na | ame of the limited liability company: | The A-Squad, | LLC | DBA Brewl | Fown Burgers | | | |
|--|---|--|---------------------------------|---|---|--|--|--|
| 2. (a) | 19255 North Dale Mahry Hwy | | (b) 19255 North Dale Mabry Hwy | | | | | |
| Z. (U) | Principal office address of limited lie (Note: MUST BE STREET A | | _ | / | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | |
| | Lutz, FL 33548 | | _ | Lutz, FL | 33548 | | | |
| | | · · · · · · · · · · · · · · · · · · · | _ | | | | | |
| | 10/18/2010 | | | L1000010 | 08121 | | | |
| 3. | Date of filing/registration in | ı Florida | 4. | | Document number | | | |
| 5. (a) | Amy Jones and Andrew Jones | 5 | | | | | | |
| (/ | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | | |
| | | | | | | | | |
| | Registered Office Address (MUST BE F | <u>(S)</u> | war 🛨 | | | | | |
| | | | | | 7 00 | | | |
| | | FL_ | | | FILED 17 OCT 23 AM II: 51 AN I STATE AN I MANSSEE, FLORID | | | |
| | | | | | 3 - | | | |
| (b) | Enter name of NEW Registered Agent and/ | or VEW Degistered (| Office | ddrass: | | | | |
| | and have or they werster are | or <u>interv</u> registered | OHICE A | <u>uu1(33</u> . | 0R1.5 | | | |
| | 19255 North Dale Mabry Hwy | 19255 North Dale Mabry Hwy | | | | | | |
| | NEW Registered Office Address: | | - · - | | | | | |
| | Lutz | | 33548 | <u> </u> | • | | | |
| | | , FL_ | 33548 | , | | | | |
| the cha agent v was/we the arti | inge or changes are made, the Florida vill be identical. Or, in the case of a l | street address of t Florida limited lial of the members of agreement of the l | the reg bility of the lii | istered office company, it is nited liability | orida, it is hereby confirmed that after and the business office of the registered is hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee | | | |
| = : | / | | 20 to de | l or in this can | | | | |
| provisi the obl to mere | iveloceth he appointment as register ons of all statistes relative to the prop igations of my position as registered ely reflect a change in the registered Ain writing of this change. | ea agent and agre per and complete p agent as provided office address, I ha | perforn for in ereby (| nance of my of Chapter 605 confirm that | acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been | | | |
| Signatu | of Registers & Jent | Vucl | Y | - | | | | |
| -, | 1 /1 /1 | / orations• P.O. Be | / av 623 | 7a Tollahaa | con El 27214 | | | |
| | (Digision of Corp | FILING FE | | | See, F.L. 32314 | | | |

INHS18 (2/14)