L11000035595

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
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(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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SEURETARY OF STATE
NATIONAL ASSEE, FLORIDA

C. LEWIS

NOV 2 8 2011

EXAMINER

COVER LETTER

SUBJECT:	Subj	perior Sandwiches LLC
		Limited Liability Company
Dear Sir or Madam:		
The enclosed Registered	d Agent/Registered	Office Change and fee(s) are submitted for filing
Please return all corresp	ondence concerning	g this matter to the following:
	Jason Coley	· · · · · · · · · · · · · · · · · · ·
N	ame of Person	
	erior Sandwiches	
•	min/Company	
308	Old Dixie Hwy	
	Address	
	Beach, FL 32962	
City/S	State and Zip Code	
Subper E-mail address: (to be use	erior@gmail.com ed for future annual report	notification)
For further information	concerning this ma	tter, please call:
Jason (Coley	at (772) 201-5229
Name of Pe	rson	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corpo	orations	Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive C Tallahassee, Flori		Tallahassee, Florida 32314
Enclosed is a cl	neck for the follow	ing amount:
\$25 Filing Fe	e	\$55 Filing Fee & Certified Copy

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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.

agent, or both, in the State of Floriau.	
Name of the limited liability company:	Subperior Sandwiches LLC
2. (a) Principal office address of limited liability company	308 Old Dixie Hwy
(Note: MUST BE STREET ADDRESS)	Vero Beach, FL 32962
(b) Mailing address of limited liability company:	308 Old Dixie Hwy
(Note: MAY BE POST OFFICE BOX)	Vero Beach, FL 32962
03/24/2011	L11000035595
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:	Michele L Scherger
Registered Office Address:	1121 SW Zane St Port St Lucie, FL 34953
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent</u> :	Jason Coley ORIDA 29
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	5040 Topaz Lane 5W
(MUST BE I BOMBI STREET INDURESS)	Vero Beach ,FL32968
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 ident liability 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. Signature of a member or authorized representative of a member	lorida street address of the registered office ical. Or, in the case of a Florida limited was/were authorized by an affirmative vote wise provided in the articles of organization
Jason Coley	_
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 proud I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability company	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 rely reflect a change in the registered office y has been notified in writing of this change.

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

Signature of Registered Agent