## L110000 49964

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SECRETARY OF STATE

J. SAULSBERRY EXAMINER NOV 28 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Amazon CAF-	ed LLC,		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted	for filing.	
Please return all correspondence concerning this	matter to the following:		
BASSAM MNAYATT Name of Person  AMAZON CAFE LL	· ?		
Firm/Company		2011 SEC. TALL!	
P.O. Box 9/6655		NOV 11 RETAR:	- T
Longwood Fl- 32791 City/State and Zip Code		Y OF STATE EE, Florida	
BMNAYATTEE MBAI E-mail address! (to be used for future annual report notifical	Dynail, Com.		
For further information concerning this matter, pl	ease call:		
BASSAM WNAYATTI at (	407 <u>376-2246</u> Area Code & Daytime Telephone		
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 am	rount:		
\$25 Filing Fee	\$55 Filing Fee & Certified C	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 608.508, 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.

agem, or both, in the state of 1 tor		
1. Name of the limited liability co	ompany: <u>AMAZO</u>	IN CAFE LLC,
2. (a) Principal office address of		: 1015 GArden ST.
(Note: MUST BE STREE	ET ADDRESS)	Titusuille Fl. 32796
(b) Mailing address of limited	liability company:	
(Note: MAY BE POST O	FFICE BOX)	1.0.Box 9/6655 Longwood, F1. 3279/.
2. D	· · · · · · · · · · · · · · · · · · ·	111000049964
3. Date of filing/registration in Flo	orida	4. Document number
5. (a) Registered Agent and Regi	istered Office shown on	the records of the Florida Dept. of State:
Registered Agent:		CHARLES C- JeBAiley
Registered Office Address:		1/60/ 5. orange Blosson 7.
(b) Enter name of NEW Regis	tered Agent and/or NEV	W Registered Office address:
<b>NEW</b> Registered Agent:		BASSAM MNAYATTI
NEW Registered Office Ac		Titus ville FL.
		)
If the limited liability company is a confirmed that after the change or and the business office of the regis liability company, it is hereby confor the members of the limited liability or the operating agreement of the l	not organized under the lechanges are made, the Flatered agent will be ident firmed that the change(s) lity company or as other imited liability company	aws of the State of Florida, it is hereby orida 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.
10)		- ARE TO T
Signature of a member or authorized represent	lative of a member	TAR 15SS
Printed or typed name of signee	975	
-	a vacietaved easy and a	great to got in this agreeity. Theth Dagges to
I nereny accept the appointment a comply with the provisions of all stand I am familiar with and accept Chapter 608, F.S. Or, if this docuradaress, I hereby confirm that the t	s registered agent and a latules relative to the pro the obligations of my po ment is being filed to med limited liability company	gree to act in this capacity. I pirther 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 has been notified in writing of this change.
13-11-		

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

Signature of Registered Agent