## L11000114535

| (Re                                     | equestor's Name)   |           |  |
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| , (Ad                                   | ldress)            |           |  |
| (Ad                                     | ldress)            |           |  |
| (Cit                                    | ry/State/Zip/Phone | #)        |  |
| PICK-UP                                 | MAIT               | MAIL      |  |
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## **COVER LETTER**

Registration Section Division of Corporations KING MULLET, LLC Name of Limited 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 matter to the following: James L. Chase, Esquire Name of Person James L. Chase & Associates, PLC Firm/Company 101 East Government Street Pensacola, FL 32502 City/State and Zip Code ichase@cqmilaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: James L. Chase Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

## **BOTH FOR LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114, 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: KING MULLET. LLC  |   |  |
|---|---|--|
| 2. (a) Principal office address of limited liability company  |   |  |
| ( <u>Note: MUST BE STREET ADDRESS</u> )   | Unit 2705<br>Sunny Isles Beach, Florida 331                                 | 60   |
|   | during isles beach, I londs out   |  |
| (b) Mailing address of limited liability company:   | 16699 Collins Avenue  |  |
| (Note: MAY BE POST OFFICE BOX)  | Unit 2705   |  |
|   | Sunny Isles Beach, Florida 331  | 60   |
| October 6, 2011   | L11000114535  |  |
| 3. Date of filing/registration in Florida   | 4. Document number  | •  |
| 5. (a) Registered Agent and Registered Office shown on Registered Agent:  | the records of the Flor   | ida Dept. of State:  |
|   |   |  |
| Registered Office Address:  | 5355 Town Center Road<br>Suite 900  |  |
|   | Boca Raton, Florida 33486   |  |
|   |   |  |
| (b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW NEW Registered Agent:</u>   | W Registered Office :  James L. Chase                                       | address:   |
| NEW Registered Office Address:  | 101 East Government Street  | And the state of t |
| (MÜST BE FLORIDA STREET ADDRESS)  | Donnesia  | EI aarna   |
|   | Pensacola   | ,FL 32502  |
| 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) the members of the limited liability company or as otherwithe operating agreement of the limited liability company. | lorida street address of ical. Or, in the case of was/were authorized       | f the registered office<br>f a Florida limited<br>by an affirmative vote of  |
| Marcel Mullet   |   | · •  |
| Printed or typed name of signee   | _   | 4  |
| I hereby accept the appointment as registered agent and a<br>comply with the provisions of all statutes relative to the pro<br>and I am familiar with and accept the obligations of my po<br>Chapter 605, F.S. Or, if this document is being filed to me<br>address, I pereby confirm that the limited liability compan   | gree to act in this cap<br>oper and complete per<br>sition as registered ag |  |

Signature of Registered Agent