

L11000118670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

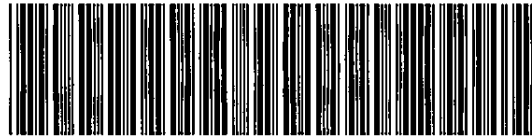
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500258370685

04/09/14--01018--013 **25.00

FILED
14 APR -9 3M 11:57
TALLAHASSEE, FLORIDA

LC
R/ACHG
APR 15 2014

R. WHITE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Food-N-Motion, 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 Burchard- CEO

Name of Person

Food-N-Motion, LLC

Firm/Company

181 Melody Lane

Address

Ft Pierce, FL 34950

City/State and Zip Code

Jimmy@food-n-motion.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Burchard

at (772)

519-1573

Name of Person

Area Code & Daytime Telephone Number

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:

☒ \$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.

1. Name of the limited liability company: Food-N-Motion, LLC

2. (a) 181 Melody Lane (b) 181 Melody Lane

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

(Note: **MAY BE POST OFFICE BOX**)

Ft Pierce, FL 34950

Ft Pierce, FL 34950

04-07-2014

L11000118670

3. Date of filing/registration in Florida

4. Document number

5. (a) Brain Burchard-CFO

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

181 Melody Lane

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

Ft Pierce, FL 34950

(b) James Burchard -CEO

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

181 Melody Lane

NEW Registered Office Address:

Ft Pierce, FL 34950

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

James Burchard
Signature of a member or authorized representative of a member

James Burchard -CEO

Printed or typed name of signer

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

James Burchard
Signature of Registered Agent

FILED
14 APR -9 AM 11:57
TALLAHASSEE, FLORIDA