L12000011584

(Re	equestor's Name)	
(Address)		
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
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SECRETARY OF STATE STATE

JUL 3 1 2012

T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: A CUT Above Catering 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:			
CELESTING LEON Name of Person			
A CUT Above Catering LLC Firm/Company			
2870 NW 55th AVL #ZA Address			
Laudukhill, FL 33313 City/State and Zip Code			
ACUTABOVE CATERING OVMAIL. COM E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Cult Stina Leon at (954) 655-7558 Name of Person at (954) 655-7558 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytime Telephone Number 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 & Certified Copy			

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.

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1. Name of the limited liability company: A Cut	Above Cateling LLC
2. (a) Principal office address of limited liability compar	ention Millingra Libertie
(Note: MUST BE STREET ADDRESS)	Laudernill, FL 33313
(b) Mailing address of limited liability company:	2870 NW 55th Ave #2A
(Note: MAY BE POST OFFICE BOX)	Laudernill, FL 33313
り / みじ / 72 3. Date of filing/registration in Florida	L12000011584 4. Document number
5. (a) Registered Agent and Registered Office shown or	
Registered Agent:	Avril, François
Registered Office Address:	812 SW 1st Street Fort Landerdale, FL 3331
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Agent</u> :	EW Registered Office address: CELESTING LEON
NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	2970 NW 55th Ave #2A Laudernill ,FL 33313
If the limited liability company is not organized under the confirmed that after the change or changes are made, the and the business office of the registered agent will be ideliability company, it is hereby confirmed that the change of the members of the limited liability company or as other or the operating agreement of the limited liability company	Florida street address of the registered office ntical. Or, in the case of a Florida limited (s) was/were authorized by an affirmative vote erwise provided in the articles of canadianication
Signature of a member or authorized representative of a member	TIARY OF CO.
CHESTING LLOY Printed or typed name of signee	- PM 12
I hereby accept the appointment as registered agent and comply with the provisions of all statutes relative to the p and I am familiar with and accept the obligations of my p Chapter 608, F.S. Or, if this document is being filed to h address, I hereby confirm that the limited liability compa	agree to act in this capacity. I furffer agree to proper and complete performance of my duties, position as registered agent as provided for in nerely reflect a change in the registered office my has been notified in writing of this change.

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