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## **COVER LETTER**

TO:	Registration Section
	Division of Corporation

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:

Konnie EVANS

Flyky COFFEE LLC

5102 Blue Harbor Drive

PANAMA CITY, FL 32404
City/State and Zip Code

RTEVANS 11 @ GMAIL. COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RONNIE EUANS at (850) 774-9328

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 608.416 or 608.5 liability company submits the following statement in order agent, or both, in the State of Florida.	108, Florida Statutes, the er to change its registered	undersigned limited d office or registered
1. Name of the limited liability company: \[ \frac{\frac{1}{4\triangle 4}}{2} \]	OFFEE LLC	
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	: 6034 EAST HU PANAMA CITY, EM	1 98 2 32404
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	5102 BIVE Harbo	OR DRIVE 31404
05/07/2012	LIZ 0000 616	SE SE
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 Stater
Registered Agent:	The Company Cox	
Registered Office Address:	27/1 Centerville	Road
NEW Registered Agent:  NEW Registered Office Address: (MUST BE FLORIDA STREET ADDRESS)	MICHAEL ROBINSON  2335 E. BALDWIN RO.	
	PANAMA Ciry	,FL <u> 32405</u>
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.  Signature of a member or authorized representative of a member	lorida street address of the ical. Or, in the case of a F was/were authorized by a	e registered office Florida limited an affirmative vote of
Konnie W. EVANS	_	
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 proad 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 hareby can fight that the limited liability company	gree to act in this capacit oper and complete perfori sition as registered agent rely reflect a change in th whas been notified in writ	y. I further agree to name of my auties, as provided for in the registered office
Michael Rolinsa	, nas occir nongica in win	ing of this change.