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SCHOOL BARY OF STATE
AND AHASSEE, FLORIDA

JUN 10 2013 D. BUTLER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: I Deal Kitcher and Bath LLC Name of Limited Liability Company	<u>-</u>
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:	な
Danny Sander Name of Person	3 JUN-6 ARIN 10
I Deal Kitchen and Pat UC Firm/Company	5
1360Y Lesina CT	
City/State and Zip Code	
dse idealk b. com	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Denny Sandra at (238) 259-5000 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 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.

Name of the limited liability company:	FORAL Kitch	en and	Bate	<u> </u>
 (a) Principal office address of limited liabs (Note: MUST BE STREET ADDRE 			4 (70) 5372E	V V
(b) Mailing address of limited liability con (Note: MAY BE POST OFFICE BO				
6/20/12	L120	0000818	72器	10
3. Date of filing/registration in Florida	4. Documen	t number	<i>3</i> *	
5. (a) Registered Agent and Registered Offic	_	_		te:
Registered Agent:	Kexu	Ayi P	2; ve14	
Registered Office Address:	13604	lesina 0, FL		
	ESTE	0, FC	357 68	
(b) Enter name of <u>NEW Registered Agent</u> NEW Registered Agent:	· · · · · · · · · · · · · · · · · · ·	l Office addr		(VP)
NEW Registered Office Address:	_			
MUST BE FLORIDA STREET AD	RESS) 124p/2	i, FL 3	<i>УЛЭ</i> .FL	
If the limited liability company is not organize confirmed that after the change or changes are and the business office of the registered agent liability company, it is hereby confirmed that the members of the limited liability company the operating agreement of the limited liability.	made, the Florida street a vill be identical. Or, in the ne change(s) was/were au r as otherwise provided in company.	ddress of the	registered o	office red
Signature of a member or authorized representative of a mem	cr cr			
Darry Sauches (P) Printed or typed name of signee				
I hereby accept the appointment as registered comply with the provisions of all statutes related and I am familiar with and accept the obligate Chapter 608, F.S. Or, if this document is being address, I hereby confirm that the limited liab	agent and agree to act in we to the proper and com ons of my position as regi of filed to merely reflect a lity company has been no	this capacity plete perform stered agent o change in the tified in writi	n I further sance of my as provided registered ng of this c	agree to duties, for in office hange.

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

Signature of Registered Agent