1120000 95292

(Requestor's Name)							
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PICK-UP	WAIT	MAIL					
(Bus	siness Entity Nan	ne)					
(Document Number)							
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2019 APR -8 PH 5: 37

C. GOLDEN APR - 9 2019

COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJI	Olive My Pickle, LLC.							
50 B 0.	Name of Limited Liability Company							
Dear S	ir or Madam:							
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.								
Please	return all correspondence concerning th	nis matter to the fo	llowing:					
Charl	otte Tzabari							
-	Name of Person		-					
Olive	My Pickle							
	Firm/Company		-					
5913	St. Augustine Road #5							
	Address		_					
Jacks	sonville FL, 32207							
	City/State and Zip Code		_					
charl	otte@olivemypickle.com							
	E-mail address: (to be used for future an	nual report notific	ation)					
For fu	rther information concerning this matter	r, please call:						
Char	lotte Tzabari	904 at (576-3718					
	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		stration Section sion of Corporations Box 6327					
Enclosed is a check for the following amount:								
	2 \$25 Filing Fee	□ \$55	Filing Fee & Certified Copy					

INHS18 (2/14)



March 23, 2019

CHARLOTTE TZABARI 5913 ST. AUGUSTINE ROAD #5 JACKSONVILLE, FL 32207

SUBJECT: OLIVE MY PICKLE, LLC Ref. Number: L12000095292

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Claretha Golden Regulatory Specialist II

Letter Number: 819A00005762

STATEMENT OF CHANGE OF REGISTERED OFFIGE 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

l. Na	me of the limited liability company: Olive My Pickle	e, LLC	ે.					
	5913 St. Augustine Road, #5	(b) 5913 St. Augustine Road,					d, #5	
· (")	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (-	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	Jacksonville, FL 32207		Jacksonville, FL 32207					
	7/24/2012	_	 L1:	200009	5292			
3.	Date of filing/registration in Florida	4.			Documen	t number	· ·	
5 (a)	Shai Tzabari							
5. (a)	Registered Agent and Registered Office shown on the records of the	he Florid	a De	pt. of State	:			
	5913 St. Augustine Road #5							
	Registered Office Address (MUST BE FLORIDA STREET A Jacksonville, FL 32207	DDRES.	<u>S)</u>					
	, FL_						2019	
(b)	Charlotte Tzabari					· 	2019 APR -	
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office ac	ldres	<u>is</u> :			ф	†
	5913 St. Augustine Road #5					SSTED I	PH 5:	
	NEW Registered Office Address:					بسنسم	37	
	Jacksonville, FL 32207							
	, FL							
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ides of organization or the operating agreement of the	the regability can bility can be seen that the linger that the limited	ister comp nited liab	ed office pany, it is d liability	e and the too hereby company open pany.	ousiness o onfirmed	office of that th	of the registered he change(s)
Signa	ture of a member or authorized representative of a member		_		Printed or	typed name	of sign	ee
provisi the obl to merc notified	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete igations of my position as registered agent as provided ely reflect a change in the registered office address. It is in writing of this change.	ee to ac perform I for in iereby c	et in nanc Cha conf	this cape the of my outper 605 from that i	acity. I fu duties, an , F.S. Or the limited	orther agr d I am fa , if this d d liability	ree to c miliar ocumei comp	comply with the with and accept nt is being filed any has been