412000130216

(Re	equestor's Name)			
(Ad	ldress)			
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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TO ACKNOWLEDGE

15 AUG 26 PM 2: 14

15 AUG 26 AH 9: 44

MIG 2 7 2915 T. HAMPTON CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 1200000001	.95	
	REFERENCE	: 761348	7844184	
	AUTHORIZATION	: Spelle de	nan	
	COST LIMIT	(/ \ /		
	August 26, 2015			
ORDER TIME :	1:09 PM			
ORDER NO. :	761348-005			
CUSTOMER NO:	7844184			
CHANGE OF AGENT				
NAME:	ALICTEDAL TAN DO	NITIMO II C		
NAME: AUSTRALIAN DONUTS, LLC				
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	NG:	
	TIED COPY			
XX PLAIN	STAMPED COPY			
CONTACT PERSON	I: Courtney Will	iams EXT# 6	2935	

EXAMINER:

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Avitanian Name of	Shut 1 LC Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing			
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:				
ricase return an correspondence concerning uns ma	ther to the following:			
Name of Person				
Uno Beach Jonuts	LLC			
803 I Smald Ross R				
City/State and Zip Code	3408-			
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Cherry Bochard at Name of Person	(561) 624-1587 x 302 Area Code & Daytime Telephone Number			
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section			
Division of Corporations	Division of Corporations			
Clifton Building	P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314			
Enclosed is a check for the following amount:				
□ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

Florida.	
1. Name of the limited liability company: (1) STRC	han Abouts LLC
2. (a) was Exact lowers 1.10	(b) SC176
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Ess Desch Ross PA	Sami
Company Residence	. (47)
140 Exact 150 22700	
10/11/12	112000130216
3. Date of filing/registration in Florida 4	
5. (a) Corporation Ser	vice Company
Registered Agent and Registered Office shown on the records of the F	lorida Dept. of State:
laci Hays St.	
Registered Office Address (MUST BE FLORIDA STREET ADD	RESS
Tallatasee FL	
as the Boach Market	AHANA 2
(b) NEW Registered Agent and/or NEW Registered Office	
203 Noveld Ross Rd	
NEW Registered Office Address:	9: 44 FLORID
	0 A
100 2006	3340£
If the limited liability company is not organized under the laws of the change or changes are made, the Florida street address of the	f the State of Florida, it is hereby confirmed that after registered office and the business office of the registered
agent will be identical. Or, in the case of a Florida limited liabili was/were authorized by an affirmative vote of the members of the	ty company, it is hereby confirmed that the change(s)
the articles of organization or the operating agreement of the limit	ted liability company.
Signature of a member or authorized representative of a member	Printed or typed name of signed
*	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address. I here	formance of my duites, and I am familiar with and accept r in Chapter 605, F.S. Or, if this document is being filed by confirm that the limited liability company has been
notified in writing of this change.	\$ 14
Signature of Registered Agent B	y: Juno Brach Jon B

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