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D. SCOTT MAR 2 8 2017

COVER LETTER

	of Corporations		
SUBJECT:	CABBAGETOWN	LLC	
	Name of Lim	nited Liability Company	
Dear Sir or Madai	n:		
The enclosed Reg	istered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.	
Please return all c	orrespondence concerning this matter	to the following:	
LISA	MAHONEY Name of Person	· .	
CABBA	GETOWN LLC Firm/Company		
8498	14 Avenue Address	·	
Brookly	City/State and Zip Code		
E-mail addre	ess: (to be used for future annual reportation concerning this matter, please c	rt notification)	TALLE TALLE
LISA M	AHONEY at (<u>646)</u> 856-9155 Area Code & Daytime Telephone	Number 2
Registrati Division o Clifton Bu 2661 Exec	COURIER ADDRESS: on Section of Corporations uilding cutive Center Circle ee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	78 S
Enclosed	is a check for the following amount	;	
☑ \$25 Fil	ing 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.

1.	Na	me of the limited liab	oility company: _	CABBAG	4ETC	WN 1	-LC		
2. (а)	Principal office a	SPERITY T ddress of limited liab	ility company:	_ (b	2419 N	_	limited liability company	<u>CT</u>
		PALM BEACH	1 GARDEN	SFL	_	Palm	BEACH	GARDENS	, Fl
				33410	_			334	<u>to</u>
		01/07	12013			LIE	30000	2425	
3.		Date of filin	g/registration in I	Florida	4.		Document num	nber	
5. (a)	COLLIN N	AHONEY	!					
		Registered Agent and Reg	gistered Office showr	on the records of th	e Florida	Dept. of State	: :		
		2419 PRO	SPERITY	BAY CO	IRT				
		Registered Office Address	ss (MUST BE FL	ORIDA STREET A	DDRESS)	1			
		-							
		PALM PEA	CH GARD	Ex15 E	32,1	410			
		•				110			
(1	o) .	Northwest Re	gistered Ag	ent, LLC.					
		Enter name of NEW Reg	istered Agent and/or	NEW Registered (Office add	ress:			•
		3030 N. Roc	ky Point D	r.					
		NEW Registered Office	Address:	•				11 ST =	
		STE 150A						高 五	ا س
		Tampa 3	3607	, FL_	FL_			R 27 PH	1 50
the cagen was/	hai t w we	mited liability compange or changes are mail be identical. Or, if authorized by an access of organization of	ade, the Florida si n the case of a Fl ffirmative vote of	reet address of to orida limited lial the members of	he regis pility con the limi	tered office mpany, it is ted liability ability com	and the busine hereby confirm company or as pany.	ss office of the regioned that the change of the standard of the change of the control of the control of the change of the chang	tered s)
	•	3 n				LISA	Printed or typed n	EY	
_		ure of a member or author	•						
I he prov the o to m	reb isio bli ere	y accept the appointment of all statutes related as a statutes related as a statute of all statutes related to the statutes are all the statutes and a statute of the statu	ment as registered ative to the prope n as registered as the registered of	l agent and agre r and complete p gent as provided fice address, I h	e to act erforma for in C ereby co	in this capa ince of my a hapter 605, nfirm that t	icity. I further luties, and I am F.S. Or, if thi he limited liabi	agree to comply with familiar with and a s document is being lity company has be	the ccept filed en

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

Signature of Registered Agent