<u>L13000058508</u>

(Re	equestor's Name)	<u> </u>
(Ac	(dress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Bu	isiness Entity Nan	ne)
(Dc	ocument Number)	
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COVER LETTER

O: Registration Section Division of Corporations

Florida Chicken Enterprises, LLC

Name of Limited Liability Company

ear Sir or Madam:

he enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

ease return all correspondence concerning this matter to the following:

æ.,

chary Cooper

Name of Person

orida Chicken Enterrprises, LLC

Firm/Company

'0 North Eglin Parkway, Suite C-14

Address

limar, FL 32579

City/State and Zip Code

p09@gmail.com

E-mail address: (to be used for future annual report notification)

further information concerning this matter, please call:

ary Cooper	850	344-1130
Name of Person	at () Area Code & Daytime Telephone Number

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 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.

	ame of the limited liability company:			LLC		
(a)	Floirda Chicken Enterprises, LLC		(b)			ises, LLC
、 ·	Principal office address of limited liability company: (<i>Note: MUST BE STREET ADDRESS</i>)	:	(0)	_		of limited liability company: BE POST OFFICE BOX
	1270 North Eglin Parkway, Suite C-14			1270 North	ı Eglin Parkwa	ay, Suite C-14
	Shalimar, FL 32579	<u> </u>		Shatimar, I	FL 32579	
	April 22,2013		I.	.130000585	508	
	Date of filing/registration in Florida	4.	_	. <u> </u>	Document nu	umber
a)	Powell, Richard H., ESQ.					
	Registered Agent and Registered Office shown on the record	- e:				
	Powell, Richard H. ESQ.					
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRI	ESS)	<u> </u>	-	
	92 Eglin Parkway, NE					
	Fort Walton Beach	. FL		<u> </u>	-	
		, FL			-	
)	Cooper, Zachary					-
· ,	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	add	ress		!
	Cooper, Zachary					
	NEW Registered Office Address:					
	1270 North Eglin Parkway, Suite C-14					
			_		-	
	Shalimar	32579				
		. FL				
	Shalimar	. FL ³²⁵⁷⁹				
ve ve	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe	the registe d liability ers of the l	ered con imit	office and apany, it is ed liability	I the business hereby confi company or	office of the registered
	vill be identical. Or. in the case of a Florida limited ere authorized by an affirmative vote of the membe cles of organization of the operating agreement of MMMM	the registe d liability ers of the l	ered con imit	office and apany, it is ed liability	I the business hereby confi company or	office of the registered
	vill be identical. Or. in the case of a Florida limited ere authorized by an affirmative vote of the membe cles of organization of the operating agreement of <u>WWW</u> ure of a member or authorized representative of a member	the registe d liability ers of the l the limited	con imit d lia	office and apany, it is ed liability bility com	I the business hereby confi company or pany. Pany. Printed or type	office of the registered rmed that the change(s) as otherwise provided in ER d name of signee
	vill be identical. Or. in the case of a Florida limited ere authorized by an affirmative vote of the membe cles of organization of the operating agreement of MMMM	the registe d liability ers of the l the limited	con imit d lia	office and apany, it is ed liability bility com	the business hereby confi company or pany. Printed or type	office of the registered rmed that the change(s) as otherwise provided in ER d name of signee

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