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| (Requestor's Name) | | | | | |
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| (City/State/Zip/Phone #) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| PICK-UP WAIT MAIL | | | | | |
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| (Business Entity Name) | | | | | |
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| (Document Number) | | | | | |
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| Certified Copies Certificates of Status | | | | | |
| Sertificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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CSC - WILMINGTON 251 Little Falls Drive Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

Meghan Groom meghan.groom@cscglobal.com From:

Date: July 30, 2020

Order#: 359315/101

Re: FAHRENHEIT CHARLOTTE, LLC

Enclosed please find:

XX Change of Registered Agent and Office.

XX Check in the amount of \$25.00.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.
XX Return Regular Mail in the enclosed envelope.

Attn:Meghan Groom

c/o Corporation Service Company

251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: | | 12010 Ta | amiomi Trail N | |
|--------------------------|---|---|--|---|--|
| 2. (a) | 12810 Tamiami Trail N Principal office address of limited liability company: | (| (b) 12810 Tamiami Trail N Mailing address of limited liability company: | | |
| | (Note: MUST BE STREET ADDRESS) | | : | (Note: MAY BE POST OFFICE BOX) | |
| | Suite 200 | | Suite 200 | | |
| | Naples, FL 34110 | | Naples, F | FL 34110 | |
| | 06/20/2013 | | L1300008 | 9339 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | C T CORPORATION SYSTEM | | | | |
| 3. (u) | Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1200 SOUTH PINE ISLAND ROAD | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | | |
| | PLANTATION, F | L 33324 | | _ | |
| | | | - | _ | |
| (b) | | | | _ | |
| | Enter name of NEW Registered Agent and/or NEW Registere | d Office a | ddress: | | |
| | Corporation Service Company | | | | |
| | NEW Registered Office Address: | | | _ | |
| | 1201 Hays Street | ** | | _ | |
| | Tallahassee | , 32301 | | | |
| change agent was/w | limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | iws of the e register iability c of the lir e limited | red office an ompany, it is nited liabilit liability con | d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in inpany. | |
| | - Xee C. Wille | Jill —— | Cilmi, Autho | orized Person | |
| I here | ture of a member or authorized representative of a member by accept the appointment as registered agent and ag- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provid- ely reflect a change in the registered office address, l | ree to ac e perform ed for in hereby c | t in this cape ance of my o Chapter 605 onfirm that | Printed or typed name of signee acity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been | |