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S. WARREN AUG 0 8 2017

COVER LETTER

Division of Corporations		
POP'S ENTERPRISES, LLC		
	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
SUSAN D. RECTOR		
Name of Person		
PETERSON, CONNERS. SWISHER & PER	ER LLP	
Firm/Company		
TWO MIRANOVA PLACE, SUITE 330		
Address		
COLUMBUS, OHIO 43215		
City/State and Zip Code		
SRECTOR@PETERSONCONNERS.COM		ì
E-mail address: (to be used for future annual re	eport notification)	
For further information concerning this matter, pleas	se call:	
SUSAN D.RECTOR	614 745-8844	
Name of Person	Area Code & Daytime Telepho	me 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	
Enclosed is a check for the following amo	ount:	
☑ \$25 Filling 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.

1.	Na	me of the limited liability company: POP'S ENTER	RPRIS	ES, LLC		<u> </u>
	(a)	1209 HILL ROAD NORTH	(b) 267 BRIARBEND BLVD.			
۷.	(4)	Principal office address of limited liability company:	_ (0		Mailing address of limited l	
		(Note: MUST BE STREET ADDRESS) #124			(NOTE: MAT WAT OST	<u>0.1.1.00 DQ.D</u>
		PICKERINGTON, OH 43147	- -	POWEL	L, OH 43065	
		08/07/2013		L130001	11646	
3.		Date of filing/registration in Florida	4.		Document number	
ź.	(a)	CORPORATION SERVICE COMPANY			_	
•	()	Registered Agent and Registered Office shown on the records of the 1201 HAYS STREET	c Florida	Dept. of Sta	tc:	
		Registered Office Address (MUST BE FLORIDA STREET A)	DDDFSS	<u> </u>	-	
		registered Office Address	91711199	4		<u> </u>
		TALLAHASSEE , FL	32301		_	AUG-7 PH
	(b)	JAMES H. FRAUENBURG				PA PA
	(~)	Enter name of NEW Registered Agent and/or NEW Registered C	Office ad	dress:	_	500 f
		1310 OLD STICKNEY PT. RD.				30 00 C
		NEW Registered Office Address:			_	
		UNIT EP-2			-	
		SARASOTA , FL	34242		_	
the ag watch	e cha gent v as/we e arti	imited liability company is not organized under the law inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited lial ere eithorized by an affirmative vote of the members of cless of organization of the operating agreement of the law ture of a member or authorized representative of a member by accept the appointment as registered agent and agreement of all statutes relative to the proper and complete th	the registation in the limited I	stered office company, it sited liability contained by SAN D. F	ce and the business off is hereby confirmed the style company or as other mpany. RECTOR Printed or typed name of pacity. I further agree	ice of the registered at the change(s) rwise provided in
no	n)ie	ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in friting of this change.	perjorm for in C ereby c	ance of my Chapter 60 onfirm that	oduties, and I am jamu 15, F.S. Or, if this doci t the limited liability co	nar with and accept unent is being filed ompany has been
		Division of Corporations P.O. B. FILING FE			assee, FL 32314	

INHS18 (2/14)