

217000 124976

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

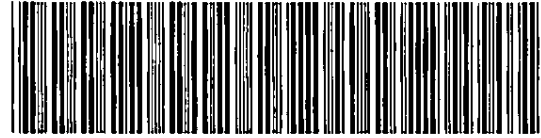
(Business Entity Name)

(Document Number)

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18 JAN -8 11:48
TAL. ...

J. LEGGETT
JAN 09 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 20, 2017

CHRISTIN SANDERS
2191 US1
TITUSVILLE, FL 32780 US

SUBJECT: SHILOH'S RESTAURANT, LLC
Ref. Number: L13000129976

We have received your document for SHILOH'S RESTAURANT, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 217A00025731

RECEIVED
JAN - 8 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHILDH'S RESTAURANT, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

CHRISTIN SANDERS
Name of Person

PHILDH'S RESTAURANT, LLC
Firm/Company

36105 S. WASHINGTON AVE.
Address

TITUSVILLE, FL 32780
City/State and Zip Code

CHRISTIN_HARTMAN@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CHRISTIN SANDERS at (321) 517-3555
Name of Person Area Code & Daytime Telephone 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 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.

1. Name of the limited liability company: PHILLOH'S RESTAURANT, LLC

2. (a) 31665 S. WASHINGTON AVE
Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
TITUSVILLE, FL 32780

(b) _____
Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
31665 S. WASHINGTON AVE.
TITUSVILLE, FL 32780

3. 9/13/13
Date of filing/registration in Florida

4. L13000129976
Document number

5. (a) LOUIS SANDERS
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
2191 US 1
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

TITUSVILLE FL 32796

(b) KYLE SANDERS
Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
31665 S. WASHINGTON AVE.
TITUSVILLE FL 32780

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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Louis Sanders
Signature of a member or authorized representative of a member

LOUIS SANDERS
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent