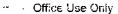
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(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing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





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COVER LETTER

TO:	Registration Section Division of Corporations							
SUBJE	JAYBIRD'S GOOD EATS, LLC.							
Name of Limited Liability Company								
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offic	e Change and fe	ee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the fo	ollowing:					
JASO	ON HARTZ							
	Name of Person		_					
	Number 1 61307							
JAYB	SIRD'S GOOD EATS, LLC.							
	Firm/Company		-					
582 S	SW TULAROSA LANE		_					
	Address			产品				
LAKE	ECITY, FL 32025		_					
	City/State and Zip Code			12 / 12 / 12 / 12 / 12 / 12 / 12 / 12 /				
JAYB	SIRDSGOODEATS@GMAIL.COM							
E	E-mail address: (to be used for future annu	al report notific	ation)	3 2 4				
For fur	ther information concerning this matter, p	olease call:		<u></u>				
JASO	N HARTZ	352 _ at (727-1661					
	Name of Person		Area Code & Daytime Telephon	e Number				
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Divi P.O.	istration Section ision of Corporations Box 6327 ahassee, Florida 32314					
	Enclosed is a check for the following	amount:						
	△ \$25 Filing Fee	□ \$55	5 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. N	ame of the limited liability company: JAY	BIRD'S GO	OD E	ATS, LLC		
2. (a)	THE BREW SPOT CAFE		(b	JAYBIRI	D'S GOOD EATS, LLC.	
2. (4)	Principal office address of limited liability ((Note: MUST BE STREET ADDRE		. (0		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	1000 NE 16TH AVE, BUILDING H	l	_	582 SW	TULAROSA LANE	
	GAINESVILLE, FL 32601		-	LAKE CI	TY, FL 32025	
	12/09/2013			L1300017	1116	
3.	Date of filing/registration in Flor	ida	4.	· · · · · · · · · · · · · · · · · · ·	Document number	
5. (a)	JASON HARTZ					
J. (u)	Registered Agent and Registered Office shown on a	the records of the	Florida	Dept. of State	:	
	Registered Office Address (MUST BE FLORIS	DA STREET AD	DRESS	2		
	582 SW TULAROSA LANE					
	LAKE CITY	FL 3	2025			
		, rl			300 CV	
(b)						Tig.
•	Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u>	W Registered O	ffice add	<u>iress</u> :		p
					and the same of th	7
	NEW Registered Office Address:				10 TO 1	,,,,,, }
	582 SW TULAROSA LANE					
	302 000 1013 100 101				-	
	LAKE CITY	, FL_3	2025			
the chagent was/w	limited liability company is not organized using or changes are made, the Florida stree will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the icles of organization or the operating agree	t address of the la limited liab members of t	ne registility country the limited l	stered office ompany, it is ited liability	and the business office of the registe hereby confirmed that the change(s) company or as otherwise provided in pany.	red
Signa	ture of a member or authorized representative of a m	ember		. <u>.</u>	Printed or typed name of signee	
provis the ob to mer notifie	by accept the appointment as registered agions of all statutes relative to the proper an ligations of my position as registered agent reflect a change in the refistered office a in writing of this charge.	ent and agree nd complete po ! as provided j address, I he	e to act erform for in C reby co	in this capa ance of my a Chapter 605, onfirm that t	ncity. I further agree to comply with the luties, and I am familiar with and acc fures. Or, if this document is being ficther is being ficther that has been the limited liability company has been	he lept led
	Division of Corporati	onso P.O. Bo	x 6327	• Tallahass	see, FL 32314	

FILING FEE: \$25.00