

L14UUC 39522

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

NOV 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2017

LUIS DULAE
1203 PINE AVE
ORLANDO, FL 32824

SUBJECT: OSA FOODS AND BEVERAGES LIMITED LIABILITY COMPANY
Ref. Number: L14000039522

We have received your document for OSA FOODS AND BEVERAGES LIMITED LIABILITY COMPANY and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

Please return 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.

Stacey M Warren
Regulatory Specialist II

Letter Number: 417A00021092

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OSD FOODS AND BEVERAGES 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:

Luis Dulal
Name of Person

OSD FOODS AND BEVERAGES LLC
Firm/Company

1203 PINE AVE
Address

Orlando, FL 32824
City/State and Zip Code

luis.dulal@oscorp.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cindy Ramirez at (407) 407 34105
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: OBA FOODS AND BEVERAGES LLC

2. (a) _____
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

1203 Pine Ave.
Orlando, FL 32824

(b) _____
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

L14000039522

3. 03/10/2014
Date of filing/registration in Florida

4. _____
Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8350 Park Ave Blvd.
Box #4 Orlando, FL 32809

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

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NEW Registered Office Address:
1203 Pine Ave.
Orlando, FL 32824

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TALLAHASSEE, FLORIDA

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.

[Signature]
Signature of a member or authorized representative of a member

Luis Linares
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 of Registered Agent