Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number

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ote: DO N	OT hit the REFRESH/RELOAD button on your browser from Doing so will generate another cover sheet.	this page.
To:	Division of Corporations Fax Number : (850)617-6383	
From:	Account Name : REGISTERED AGENT SOLUTIONS INC Account Number : I20100000062 Phone : (888)705-7274 Fax Number : (888)706-7274	
annu	ne email address for this business entity to be used for al report mailings. Enter only one email address please.	
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JAN 03 2023

K. Brumbley

COVER LETTER

TO:

TO:	Registration Section Division of Corporation	ons				
SUBJ	SUGAR	FACTORY I-DRIVE, LLC				
SUBJE	EC1:	Name of Limited Liability Company				
Dear S	Sir or Madam:					
The er	aclased Registered Ager	t/Registered Office Change and fee(s) are submitted for filing.				
	•					
Prease	return an corresponden	ce concerning this matter to the following:				
Ма	ry Castillo					
	Name	of Person				
Regis	stered Agent Solutio	ns, Inc.				
	Firm/	Company				
Carn	orate Center One 5	301 Southwest Pkwy. Ste 400				
——		ress				
	Auc					
Austi	n, TX 78735					
	City/State	and Zip Code				
F	E-mail address: (to be us	ed for future annual report notification)				
For fu	rther information conce	rning this matter, please call:				
Ма	ry Castillo	at ()				
	Name of Pers	on Area Code & Daytime Telephone Number				
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3		Registration Section Division of Corporations P.O. Box 6327 r Circle Tallahassee, Florida 32314				
	Enclosed is a check f	or the following amount:				
	□ \$25 Filing Fee	S55 Filing Fee & Certified Copy				
INHSI	8 (2/14)					

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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.

Name of the limited liabi	lity company: SUGAR	FACTORY I-D	RIVE, LLC			
_{2. (a)} 600 WARREN	1 '	_(b) 600 W	ARREN AV	/ENUE		
Principal office ad-	ress of limited liability company: T BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
SPRING LAK	E, NJ 07762	SPRIN	IG LAKE, N	J 07762		
5/2/2014		L14000	072052			
•	registration in Florida	4.	Document numbe	r		
_{5. (a)} LABRET, ST						
	stered Office shown on the record	s of the Florida Dept. of State	:			
130 PASADE						
Registered Office Address	(MUST BE FLORIDA STRE	<u>ET ADDRESS)</u>				
ORLANDO		, FL 32803		20		
(b) Registered Ag	ent Solutions, Inc	> .		2023 JAN - 3		
	ered Agent and/or NEW Regist	ered Office address:				
155 Office Pl	za Dr.			RUYLL LED 3 PH 12: 24		
NEW Registered Office A	ddress:			7 7 7 T		
Suite A				∵ 24		
Tallahassee		, _{FL} 32301				
If the limited liability compar the change or changes are ma agent will be identical. Or, ir was/were authorized by an af the articles of organization or	de, the Florida street addres the case of a Florida limite firmative vote of the membe	s of the registered office d liability company, it is ers of the limited fiability	and the business hereby confirmed company or as of	office of the registered d that the change(s)		
/s/ John Sullivan		John Sullivan		1ember		
Signature of a member or authori			Printed or typed nam	_		
I hereby accept the appointn provisions of all statutes rela the obligations of my position to merely reflect a change in notified in writing of this cha	ive to the proper and comp as registered agent as prov he registered office addres: ge.	lete performance of my a sided for in Chapter 605, s, I hereby confirm that t	luties, and I am fo	imiliar with and accept		
Signature of Registered Agent	ackenzie Hart, Asst. Secretary	(

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00