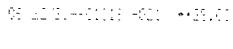


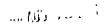
(Re	questor's Name)					
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PICK-UP	☐ WAIT	MAIL				
(Bu	isiness Entity Nar	me)				
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





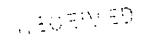


TOTAL SEE, FILED









FLORIDA DEPARTMENT OF STATE AUG 25 PH 2: 21 Division of Corporations

July 20, 2021

WILES ROAD DONUTS, LLC PO BOX N SANFORD, ME 04073

SUBJECT: WILES ROAD DONUTS, LLC

Ref. Number: L14000084912

We have received your document for WILES ROAD DONUTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

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) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 221A00016800

COVER LETTER

TO: Registration Section **Division of Corporations** WILES ROAD DONUTS, LLC SUBJECT: _____ 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: EUGENE H. GAUDETTE Name of Person Firm/Company P.O. BOX N Address SANFORD, ME 04073 City/State and Zip Code tiffany@ehglaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: TIFFANY CAMIRE Area Code & Daytime Telephone Number Name of Person **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: ☐ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

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. Na	me of the limited liability company:WILE	WILES ROAD DONUTS, LLC					
2 (a)		(b)				
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(-	Mailing address of lir			imited liability company: POST OFFICE BOX)	
	8175 WILES RD		280 MER	RRIMACK ST	REET	_	
	CORAL SPRINGS, FL 33067		METHU	EN, MA 0184	14		
	MAY 27, 2014		L1400008-	4912			
3.	Date of filing/registration in Florida	4.		Document	number		
- (3							
5. (a)	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Sta	ite:			
	CAFUA CONSULTING COMPANY, LLC		ŕ				
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS					
	12236 TILLINGHAST CIRCLE		_				
	PALM BEACH GARDENS . F	33418		_		ĵį	
		-		_	\sum_{i}	2021 AUG 25	
(b)				_	3> <u>7</u>	<u> </u>	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office ad	<u>dress</u> :		E AN	25	
					TETARY OF STATE	70	m
	NEW Registered Office Address:		·	-	STA	ઝ ડ	
	4100 N POWERLINE ROAD, UNIT MI			<u> </u>	M	57	
	POMPANO BEACH F	33073					
						~ .	. 6 . 4
If the l	imited liability company is not organized under the later that is or changes, are made, the Florida street address of the	aws of the	State of F	lorida, it is he nd the busine	ereby cont ess office o	firmed of the r	that after the egistered
agent v	will be identical. Or, in the case of a Florida limited I	liability co	mpany, it	is hereby cor	nfirmed th	at the c	:hange(s)
was/wo the arti	ere authorized by an affirmative vote of the members icles of organization or the operating agreement of th	ot the IIm e limited l	ited habili iability co	ity company mpany.	or as otnei	rwise p	rovided in
				AUDETTE			
Signa	ture of a member or authorized representative of a member		Printed or typed name of signee				
provisi the obt to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complet ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	gree to act e performa led for in C I hereby co	in this cap ince of my hapter 60 onfirm thai	pacity, I furt duties, and i 5, F.S. Or, i t the limited i	her agree I am famil f this docu iability ca	to com iar wit iment i. impany	ply with the h and accep s being filed has been
Signatu	re of Registered Agent						