## L14000115362

(Requestor's Name)								
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## **COVER LETTER**

TO:	Registration Section Division of Corporations	•						
SUBJI	Clements & Chivas, LLC	Clements & Chivas, LLC						
50101		e of Limited Liab	ility Company					
Dear S	ir or Madam:							
The en	closed Registered Agent/Registered Offic	ce Change and fee	e(s) are submitted for filing.					
Please	return all correspondence concerning this	s matter to the fol	lowing:					
Jenni	ifer Simons .							
	Name of Person							
Clements & Chivas, LLC								
	Firm/Company							
1839	5 Gulf Blvd Suite 204							
	Address							
India	n Shores, FL 33785							
	City/State and Zip Code							
-	ns@baystarrestaurantgroup.com							
E	-mail address: (to be used for future annu	ual report notifica	tion)					
For fur	ther information concerning this matter,	please call:						
Jenni	fer Simons	727 at (	593-5536					
	Name of Person	F	Area Code & Daytime Telephone Number					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regis Divisi P.O. E	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, Florida 32314					
Enclosed is a check for the following amount:								
	☑ \$25 Filing Fee	□ \$55 I	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.	Na	me of the limited liability company: Clements & C	Chivas	s, L	LLC	
				(b)		
`		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		<b>\</b> -,	Mailing address of limited liability com  (Note: MAY BE POST OFFICE BE	
		18395 Gulf Blvd Suite 204			18395 Gulf Blvd Suite 204	
		Indian Shores, FL 33785			Indian Shores, FL 33785	
		7/22/2014	_	1	L14000115362	
3.		Date of filing/registration in Florida	4.		Document number	
5. (	(a)	07/22/2014				
		Registered Agent and Registered Office shown on the records of Frank R. Chivas	the Flor	ida	Dept. of State:	
		Registered Office Address	1DDRE	<u> (22</u>	2	
		18395 Gulf Blvd Suite 204				17
		Indian Shores	3378	5		
		, г.	<b>'</b> ——		<del></del>	8-2
(1	b) _					
		Enter name of NEW Registered Agent and/or NEW Registered	les:	₩.		
		James Clements				
		NEW Registered Office Address:		_		0
		18395 Gulf Blvd. Suite 204			_	
		Indian Shores	3378	5	<del></del>	
the cagen was/the a	t went went is in it	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited limited authorized by an affirmative vote of the members of cley of organization or the organization or the organization of authorized representative of a member of accept the appointment as registered agent and agrations of all statutes relative to the proper and complete gations of my position as registered agent as provided by reflect a change in the registered office address, I is in writing of this chapter.	the repability of the limited	gist cor mid I lia	stered office and the business office of the rempany, it is hereby confirmed that the charited liability company or as otherwise proviability company.  The Clements  Printed or typed name of signee	egistered ige(s) ded in
Sign	ature	Cof Registered Agent				

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

INHS18 (2/14)