## L14000123000

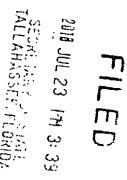
(Re	questor's Name)	
DA)	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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JLS 2818

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Food Concepts Netwo	NORK, LLC Limited Liability Company					
Dear Sir or Madam;						
The enclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this ma	atter to the following:					
Manara Hiraldo Name of Person						
Food Concepts Network, LLC Firm/Company	<u>-</u>					
2045 Schip Fry Rd Address						
Apparent, FL 33703 City/State and Zip Code						
E-mail address: (to be used for luture annual r	report notification)					
For further information concerning this matter, plea	ase call:					
Maneua Hraldo al 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	S55 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: Food Con	cepts.	Netu	ork, LLC	. <u>-</u>		
	2045 Soub Tay Rd	(b)		5 Schoo A	5A pe		
<b>-</b> ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Mailing address of lim (Note: MAY BE Po	ited liability co		y:
	Арорка, FL 32703		Ap	opka 1 F	i 321	103	·
		<u> </u>			<del>-</del>		
	8/6/2014		L14	000 123	3000	)	
3.	Date of filing/registration in Florida	4.	•	Document numb	er	_	
5. (a	United States Corporation Agent	rs, I	nc.	-			
	Registered Agent and Registered Office shown on the records of t	he Florida I	Dept. of State	2:			
	13302 Winding Oak Court			-			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)					
	SuteA			_			
	Tampa .FL	336	12				
	TOTAL STATE OF THE	<u> </u>	<u> </u>	-	Ž, i	2018	
(b)	Manera Hiraido				i−¦. ≫7 9		777
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	-	五 ( )	<u>-</u>	
	2045 Senb Jay Ad				LAHASSEL FLORID	JUL 23 PM 3: 39	
	NEW Registered Office Address:			-	<u></u>	<u>۔۔</u> س	D
						ယ္	
		<del>-</del> -		-	7-	(1)	
	Apopka FL	<u>3</u> 370	£α	_			
the ch agent was/w	limited liability company is not organized under the law lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	the regist ibility con i the limi	ered office npany, it is ted liabilit	e and the business s hereby confirme y company or as o	office of the	ie regi hange	istered (s)
	ature of a member or authorized representative of a member		Sma	Printed or typed nar	1tcs		
					-		
provis the ob- to men	eby accept the appointment as registered agent and agrisions of all statutes relative to the proper and complete obligations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change.	ce to act performa 1 for in C iereby co.	in this cap nce of my hapter 605 nfirm that	acity. I further as duties, and I am J. 5, F.S. Or, if this the limited liabili	gree to comp amiliar with document is ty company	oly wi i and i being has b	th the accept g filed een

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

Registered Agent