## 14400131139

(Requestor's Name)	
(Address)	
(Address)	
(City/State (Zin/Ohana H)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	<u> </u>
Certified Copies Certificates of	Statu <b>s</b>
Special Instructions to Filing Officer:	
	<del></del>





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RETARY OF STATE AHASSEE, FLORID

SEP 15 AM 7:

	COVER LETTER
TO: Registration Section Division of Corporations	
SUBJECT: <u>SUGOO'5</u>	Nest ame 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:
11-1/ T-1/1500	! ! <b>/</b>
NELL JOHNSON Name of Person	<del>1</del>
SUGDO'S NEST	LLC
Firm/Company	
7271 XIW 47	th PL
Address	
(AUDENHILL FO City/State and Zip Code	33319
Mellforbusinesse E-mail address: (to be used for future a	9 mai, 1, com
For further information concerning this matt	
Nell Johnson Name of Person	at (954) 854-8902 Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following	ng amount:
☑ \$25 Filing Fee	□ \$55 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

rioriaa.		
1. Name of the limited liability company;	SUGOO'S NE	ST, .
2. (a) 7271 NW 47th, A	PL-LAUDENHLYB)	
Principal office address of limited li (Note: MUST BE STREET)	ability company: 33319	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
7271 NW 47th	PL	SAME
LAUDERHILL,	FL 33319	
8/21/2014	·	14000131139
3. Date of filing/registration in	i Florida 4.	Document number
5. (a) <u>UNITED</u> STATE.  Registered Agent and Registered Office sho	S CORPORATION  We not the records of the Florida Dept. of Sta	AGENTS, NC
	ING DAKS COUR	
Registered Office Address (MUST BE F		<u> </u>
SUITEA		17 AL SA(
TAMPA	.FL 33617	SEP SEP
(b) NELL JOHNS		SSER S
Enter name of NEW Registered Agent and	<del>                                     </del>	FLORE TO
7271 NW 47	F PL	32 ND#
NEW Registered Office Address:		_
		<del></del>
LAUDERHILL	.Fl. 33319	7
If the limited liability company is not organ, the change or changes are made, the Florida	street address of the registered office	ee and the business office of the registered
agent will be identical. Or, in the case of a was/were authorized by an affirmative vote	Florida limited liability company, it	is hereby confirmed that the change(s)
the articles of arganization or the operating	agreement of the limited liability con	mpany.
Meler	TI NE	Printed or typed name of signee
Signature of a member or authorized representative	of a member	Printed or typed name of signee
I hereby accept the appointment as register provisions of all statutes relative to the projeth obligations of my position as registered to merely reflect a change in the registered notified in whiting of this change	ed agent and agree to act in this cap ber and complete performance of my agent as provided for in Chapter 60 office address, I hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

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

Signature of Registered Agent