

L14000131945

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

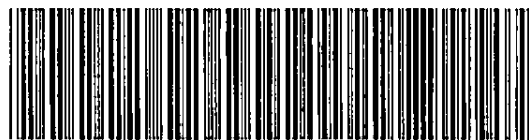
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2017 SEP 18 PM 4:15
STATE OF KANSAS
JAILER HASL LITTON

K. SALY

SEP 18 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SWEETS HONEY TREATS, LLC
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:

JONATHAN SUIZER
Name of Person

SWEETS HONEY TREATS, LLC
Firm/Company

P.O. Box 2332
Address

SANTA ROSA BCH, FL 32459
City/State and Zip Code

MEN 650 @ MENCHIESFROYO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JONATHAN SUIZER at (850) 866 2294
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

☐ \$55 Filing Fee & Certified Copy

**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. Name of the limited liability company: SWEETS HERCULEY TREDARS, LLC

2. (a) 780 GRAND BOULEVARD (b) P.O. BOX 2332

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

STE 105
MIRAMAR BEACH, FL
32459

SANTA ROSA BEACH, FL
32459

3. AUGUST 22, 2014
Date of filing/registration in Florida

4. L14000131945
Document number

5. (a) UNITED STATES CORPORATION AGENTS, INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

13302 WINDING OAK COURT
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE A
TAMPA, FL 33612

(b) JONATHAN SWIDER


Enter name of NEW Registered Agent and/or NEW Registered Office address:

780 GRAND BLVD, STE 105
NEW Registered Office Address:

MIRAMAR BEACH, FL 32459

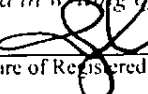
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CLERK OF CIRCUIT
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.


Signature of a member or authorized representative of a member

JONATHAN SWIDER
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.


Signature of Registered Agent



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 1, 2017

SWEET'S HEALTHY TREATS, LLC
JONATHAN SNIDER
P.O. BOX 2332
SANTA ROSA BEACH, FL 32459

SUBJECT: SWEET'S HEALTHY TREATS, LLC
Ref. Number: L14000131945

Upon receipt of your letter and/or check(s) totaling \$25.00, no document was found. Please send your document with any fees due to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Please return a copy of this letter to ensure your money is properly credited.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 017A00018174

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