Division of Corporations



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(((H18000183847 3)))



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Division of Corporations

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From:

Account Name : ROGERS, TOWERS, BAILEY, ET AL

Account Number : 076666002273 : (904)398-3911 Phone

: (904)396-0663 Fax Number

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## LLC REGISTERED AGENT CHANGE 207 DONUTS, LLC

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## 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.

	(b)			
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited (Note: MAY BE POST	OFFICE BOX)	
159 Yellow Bill Lane	15	9 Yellow Bill Lanc	_,	
Ponte Vedra Beach, FL 32082	<u>Po</u>	nte Vedra Beach, FL 320	82	
September 24, 2014	L14	000149968		
Date of filing/registration in Florida	4.	Document number		
Registered Agent and Registered Office shown on the records of	of the Florida Dept	, of State:		
Richard Q. Lewis, III  Registered Office Address (MUST BE FLORIDA STREE			77	
	T ADDKESS)		e e e	ert
100 Whetstone Place, Suite 200			JUN 20 AN BOOK	<b>10</b> 700.0
St. Augustine	FL 32086		2	()SE
				fan. N
Enter name of NEW Registered Agent and/or NEW Register				(क्रां <sup>-</sup> )
Enter name of NEW Registered Agent and/or NEW Register	ed Office address	;	<b>高</b> 。 <b>B</b>	
Ellen Avery-Smith			₹: 2	
Ellen Avery-Smith  NEW Registered Office Address:				
100 Whetstone Place, Suite 200				
St. Augustine	<sub>EL</sub> 32086			
imited liability company is not organized under the inge or changes are made, the Florida street address	laws of the State of the registere	te of Florida, it is hereby con and office and the business of any, it is hereby confirmed t	nce of the regist hat the change(s	)
ere authorized by an affirmative vote of the member cles of organization or the operating agreement of t	s of the limited	Hability company of as other	erwise provided	m
( AY)	John G	riffey		
ture of a member authorized representative of a member		Printed or typed name of	_	
by accept the appointment as registered agent and toons of all statutes relative to the proper and completing to some of my position as registered agent as provicely reflect a change in the registered office address, din writing of this change.		ible canación. I further care	e to comply with	ine