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2015 OCI 28 P 12: 12 SECRETARY OF STATE

OCT 29 2015

**S MASON** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Canting Tallahassee, 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:
Alexander Thomas Name of Person
101 International Investment Group Firm/Company
114 S.E IST Street, Suite 3 Address
Gainesville, FL 32601 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Alexander Thomas at (-407) 408-4644 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

☐ \$55 Filing Fee & Certified Copy

🗖 \$25 Filing Fee

Enclosed is a check for the following amount:

## 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

Floride	7.	5 0	<i>33</i>	<i>g</i> ,,	
1. Na	me of the limited liability company:	Cantina	Tallahass	see, FL	
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			S.E. 1St Street, Suite 3  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Tallanassee FL,	34304	Gaines	VIIIE, FL 32	00)
3.	1/06/2014 Date of filing/registration in F.	lorida 4		ocument number	
5. (a)	Registered Agent and Registered Office shown  1145.E15+ 5+Yee+  Registered Office Address MUST BE FLO	suite 3	· · · · · · · · · · · · · · · · · · ·		ANCELLED ED CHECK
(b)	Gainesville  101 Hospitality Comp Enter name of NEW Registered Agent and/or I	) QNY LLC NEW Registered Office		CT 28 ETARY	71 =- T1
	5200 NW 43rd 8  NEW Registered Office Address:  #102 - 378	treet.			
	Gainesville	, FL	5 <u>2606</u>	inau eranomerano eno eno rambinomenono dio	
the cha agent v was/we	mited liability company is not organize inge or changes are made, the Florida str will be identical. Or, in the case of a Florida stream authorized by an affirmative vote of cles of organization or the operating agr	reet address of the porida limited liability the members of the	registered office an ty company, it is he climited liability co	d the business office of reby confirmed that the empany or as otherwis	of the registered ne:change(s)
<			Nevander	Thomas	

Signature of a member or authorized representative of a member

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