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JIVISION OF CORPORATIONS

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1. V. 22 - 14

COVER LETTER

Division of Corporations	•	
TI Down do C	weets, LLC	
SUBJECT: P/ DOTOGO SC	WEETS, LLC	
Name of Limited Liability Company		
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
7 11 12 1		
Sonothan Prieto Name of Person		
Name of Person		
FID I.C. 1		
El Dorado Sweets Firm/Company	· · · · · · · · · · · · · · · · · · ·	
Firm/Company		
6710 Greene St		
6710 Greene St. Address		
Hollywood, FL, 33024 City/State and Zip Code		
City/State and Zip Code		
El Dorado Sweets @gmail.	ion	
E-mail address: (to be used for future annual repor	-	
For further information concerning this matter, please ea	M11.	
Sonathar, Prieto	754, 610 9533	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Énclosed is a check for the following amount:		
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy	
INHS18 (2/14)		
ACTESIONS IN COMP. I. T.F.		

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: 2. (a) 6710 Greene St Hoi Mailing address of limited liability company: Principal office address of limited liability company: (Note: MAY BE POST OFFICE BOX) (Note: MUST BE STREET ADDRESS) 3. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: (MUST BE FLORIDA STREET ADDRESS) Registered Office Address Treto mathan Enter name of NEW Registered Agent and/or NEW Registered Office address: 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 appoles of organization or the operating agreement of the limited liability company. Printed or typed name of signee Senature of a member or authorized representative of a member 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 charge in the registered office address, I hereby confirm that the limited liability company has been Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00

INHS 12/14