1500016158

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Busiless Littly Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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TILE D 18 JUN 15 PM 2: 5 SECRETARY OF STATE SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Original American Ritchen 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:						
Erik Zika Name of Person						
Original American Kitchen LLC Firm/Company						
5200 NW 43rd Street #102-378 Address						
Gamesune, FL 326060 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call;						
Erik Ziko, at (353) 873 - 9384 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 \$\square\$ \$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.

1. Na	ime of the limited liability company: Onginal	Ameri	can Ri	ichen LCC		
	15 5.E 154 Avenue	(b) 5200 NW 43rd Street				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (0)		Auiling address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Gamesville, FL 33601	_	#107	- 378		
			Gair	78561118, FZ 32606		
	01/27/2015		L150	00016158		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	Erik Zika					
J. (a)	Registered Agent and Registered Office shown on the records of the	ne Florida I	Dept, of State	:		
	5200 NW34th Street					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		= s = 6		
	#102-378			27 m		
	Chainesuille ,FL	3a	60 C	FILED JUN 15 PH 2: 57 JUN 15 PH 2: 57 LLAHMASSEE, FLORIDA		
(b)	Enjk Zika			EF, FLO		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office addi	ress:	08 2 5		
	5200 NW 43rd Str	20+		S7		
	NEW Registered Office Address:					
	#102-378					
	Gainesuille, FL	<u>3a</u>	60 Ce			
the cha agent v was/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law and the street authorized by an affirmative vote of the members of cless of organization or the operating agreement of the law and the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote of the members of the street authorized by an affirmative vote autho	the regist bility cor Tthe limit	ered office npany, it is ted liability	and the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in		
Signat	pure of a member or authorized representative of a member			Printed or typed name of signee		
provist the obli to mere notified	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.					
Signatu	of Registered Agent					
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314						

FILING FEE: \$25.00