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Division of Corporations

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From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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STATEMENT OF CHANGE OF REGISTERED OFFICE GERREGISTERED 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	me of the limited liability company: BURGER	STATION	, LLC		
2. ((a)	260 COLONY BLVD.	(b) 260 CC	DLONY BLVD.		
,	(0)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY HE POST OFFICE BOX) THE VILLAGES, FL 32162			
		THE VILLAGES, FL 32162				
		and the state of t	L150000			
		01/29/2015 Date of filing/registration in Florida	4.	Document number		
3.			·	Document itumber		
5.	(a)	UNITED STATES CORPORATION AGENTS				
		Registered Agent and Registered Office shown on the records of t	the Florida Dept. of State	e:		
		260 COLONY BLVD.		-		
		Registered Office Address	ADDRESS)		-3	
			·: 2k ·	_	_ <u>.</u>	
		THE VILLAGES FL	32162			
		Registered Agents Inc.		_	5	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		>	
					==	•
		3030 N. Rocky Point Dr.			20	
		NEW Registered Office Address:		•	1-2	
		STE 150A		-		
		Tampa , FI.	33607			
the age wa the	cha nt v s/wi arti	imited liability company is not organized under the layinge 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 to cless of organization or the operating agreement of the	ws of the State of El the registered offic ability company, it i of the limited liabilit	e and the obsiness office is hereby confirmed that (ty company or as otherwi	the change(se provided	sterea s)
pro the to a	iere ovisi mer uije	by accept the appointment as registered agent and agricons of all stanties relative to the proper and complete igations of my position as registered agent as provide ly reflect a change in the registered office address. It is spriting of this change. Bill Havre - Assistance of Registered Agent	ee to act in this cap performance of my d for in Chapter 60, hereby con yn that t Secretary			h the weept filed en