(Requestor's Name)	
(Address)	600345607346
(Address)	
(City/State/Zip/Phone #)	202
PICK-UP WAIT MAIL	2020 JUH 1
(Business Entity Name)	
(Document Number)	с. В
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ecial Instructions to Filing Officer:	
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Office Use Only	



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115 N CALHOUN ST., STE. 4 TALLAHASSEE, FL 32301 P: 866.625.0838 F: 866.625.0839 COGENCYGLOBAL.COM

Account#: 12000000088

Date:	06/12/2020	
Name:_	Chris Vick	
Referer	nce #: 1231139	-
Entity N	lame: DOC B'S RES	TAURANT 004, LLC
<b></b>	Articles of Incorporation/Authorization	to Transact Business
A	Amendment	
	Change of Agent	
F	Reinstatement	
	Conversion	
	Verger	
[] [	Dissolution/Withdrawal	
E F	Fictitious Name	
	Other	
Authori: Signatu	zed Amount:\$25.00	

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 EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED REGISTERED IN ENGLAND & WALES, REGISTERED IN ENGLAND & WALES, 6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20,3961.3080

## **COVER LETTER**

TO: Registration Section Division of Corporations

SUBJECT:

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:

ROBERT N. KAMENSKY, ESQ.

Name of Person

THOMPSON COBURN

Firm/Company

55 E. MONROE STREET, 37TH FLOOR

Address

CHICAGO, IL 60603

City/State and Zip Code

JRUBENS@KLUGERKAPLAN.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

HEATHER J. KOCIARA, PARALEGAL	312 580-5097 at ( )
Name of Person	Area Code & Daytime Telephone Numbar
<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following a	mount:

🗟 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

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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:	RAN	IT 004, LLC	<u> </u>		-
~~ (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)	Mailing address of limited liability or (Nate: MAY BE POST OFFICE)		-
	213 W. INSTITUTE PLACE		213 W.	INSTITUTE PLACE		_
	SUITE 701	_	SUITE	.701		
	CHICAGO, IL 60610		CHICA	30, IL 60510		
3.	Date of filing/registration in Florida	4.		Document number		-
5. (a)						
J. (a)	Registered Agent and Registered Office shown on the records of th	c Flor	ida Dept. of	State:		
	COGENCY GLOBAL INC.		-		20	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRI	2555)	 :`_`	20、	
	155 OFFICE PLAZA DRIVE			'	2020 JUN	
	TALLAHASSEB, FL	12301			12	
					H.	·
(Ъ)	Enter name of NEW Registered Agent and/or NEW Registered C			_	- <u>-</u>	
	Enter name of NEW Registered Agent and/or NEW Registered C	)ffice	address:		မ် မ် စ	
	KLUGER, KAPLAN, SILVERMAN, KATZEN & LEVIN	E, P.J	L		6	
	NEW Registered Office Address:			_		
	201 S. BISCAYNE BOULEVARD, 27TH FLOOR			_		
	MIAMI , FL <sup>3</sup>	3131				
change agent v was/ve the arti Signa <i>I harai</i> provisi ihe obl to mere	imited liability company is not organized under the laws or changes are made, the Florida street address of the re vill be identical. Or, in the case of a Florida limited liab the authorized by an affirmative-vote of the members of cles of organization or the members of the line of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete per ignations of my position as registered agent as provided j by reflect a change in the registered office address, I has for writing of this clampe	s of ti egisti ility the l mite R	he State of ered office company, imited liab d liability o OBERT N.	Florida, it is hereby confirmed th and the business office of the reg it is hereby confirmed that the ch ility company or as otherwise pro company. KAMENSKY, ESQ. Printed or typed name of signee	gistered ange(s) ovided in	
	A AL REPLY AND A SOSTIM RUBENS, ESO					

Division of Corporationso P.O. Box 6327. Tallahassee, FL 32314 **FILING FEE: \$25.00**