L15 0000 29254

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Do	cument Number)				
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



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01/18/17--01020--011 **25.00



COVER LETTER

Division of Corporations						
SUBJECT: Le Cafe' Gourmand LLC	DBA Cafe Gour	mand				
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.				
Please return all correspondence concerning	this matter to the	following:				
GEORGES						
Bernadette. Georga-Dietl						
Name of Person		_				
Le Cafe' Gourmand DBA Cafe Gourn	mand					
Firm/Company		_				
9853 Tamiami Trail North	te 109					
Address		 -				
Naples, FL 34108						
City/State and Zip Code		neu-sha				
b.dietl@orange.fr						
E-mail address: (to be used for future a	nnual report notifi	ication)				
For further information concerning this matt	er, please call:					
ち そのRちそら Bernadette G eorge Dietl	239 at (572-3373				
Name of Person		Arca Code & Daytime Telephone Number				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Re _p Div P.C	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
Enclosed is a check for the followi	ng amount:					
\$25 Filing Fee	J	□ \$55 Filing Fee & Certified Copy				

INHS18 (2/14)

Registration Section

TO:

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. No.	ame of the limited liability company: Le Cafe Goul 9853 Tamiami Trail North Suite 109	rmanu (t	00E2 T		North Suite 109
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	((•	f limited liability company: E POST OFFICE BOX)
	Naples, FL 34108		Naples,	FL 34108	
	04/24/2015		L150000	29254	
3. 5. (a)	Date of filing/registration in Florida Gianese-Pittman PA	4.		Document nu	mber
J. (a)	Registered Agent and Registered Office shown on the records of 100 N. Biscayne Blvd.	the Florid	a Dept. of Stat	- e:	
	Registered Office Address Suite 3070	ADDRES:	<u>2)</u>	_	
	,rL	33132	·····	·	Z 55 _1
(b)	GEORGES Bernadette George Dist				7 J
(6)	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	ldress:	_	JAN 18 RETARY AHASSI
	9853 Tamiami Trail North Suite 10	9		_	SEE F
	NEW Registered Office Address:			_	7: JO STATE CORIDA
	Naples, , , FL	34108		_	-
the chagent was/w	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi ability c of the lin	stered offic ompany, it : nited liabili	e and the busir is hereby confi ty company or	ness office of the registered rmed that the change(s)
Cian	ature of a member or authorized representative of a member		BERN	Printed or time	GEORGES
I here provis the obto mer notifie	the of a member of authorized representative of a member who accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I do not this change.	ree to ac perform d for in hereby c	t in this cap ance of my Chapter 60 confirm that	vacity I furthe	I name of signee or agree to comply with the im familiar with and accept his document is being filed bility company has been