## L15000 43328

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## **COVER LETTER**

TO:

INHS18 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	1313 East Las Olas Blvd, LLC		
000	Na	me of Limited Lia	ability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered Of	Tice Change and f	fee(s) are submitted for filing.
Please	return all correspondence concerning t	his matter to the fo	ollowing:
Jeffre	y Farwell		
**	Name of Person		<del></del>
Rocco	's Tacos & Tequila Bar		
	Firm/Company	120 3 7	<del>_</del>
400 C	lematis Street, Suite 205		
	Address		
West	Palm Beach, FL 33401		
	City/State and Zip Code		
barba.	ra@bigtimerestaurants.com		
	E-mail address: (to be used for future a	nnual report notifi	cation)
For fu	urther information concerning this matte	er, please call:	
Jeffre	y Farwell	561 at (	659-1940
	Name of Person	(	Area Code & Daytime Telephone Number
	Mailing Address: 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	ng amount:	•
	□ \$25 Filing Fee	X	55 Filing Fee & Certified Copy

## 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.

(a)	400 Clematis Street, Suite 205	(b)_	400 Clematis Street, Suite 205			
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0) -	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	West Palm Beach, FL 33401		West Palm Beach, FL 33401			
	03/10/2015		.15000043328			
	Date of filing/registration in Florida	<del></del> 4	Document number			
(n)	Corporate Creations Network. Inc.					
. (a)	Registered Agent and Registered Office shown on the records 801 US Highway One	Dept. of State:				
	Registered Office Address (MUST BE FLORIDA STREE	SEGAGE	71			
	North Palm Beach	FL				
(b)	Dillon, Barbara	See Programmer	M			
(")	Enter name of NEW Registered Agent and/or NEW Register	ress:				
	400 Clematis Street		•			
	NEW Registered Office Address:					
	Suite 205					
	West Palm Beach	FL				
ango ent v	imited liability company is not organized under the cor changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the control of the corrections of the corrections are controlled to the corrections of the corrections are controlled to the correction of the corrections are controlled to the correction of the co	the registered liability comes of the limite he limited lia	d office and the business office of the npany, it is hereby confirmed that the ted liability company or as otherwise	registered change(s		
Signa	ture of a member of authorized representative of a member		Printed or typed name of signee	;		

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 change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agen

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314