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SECRETARY OF STATE

SECRETARY OF STATE
DIVISION OF CORPORATION

JUN 0 9 2015

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COVER LETTER

TØ: Registration Section Division of Corporations	
SUBJECT: Snackr, LLC	f Limited Liability Company
Name o	I 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 m	natter to the following:
Jeffrey A. Kaminsk	(i
Name of Person	···
Snackr, LLC	
Firm/Company	
35 Gateway Blvd	
Address	
Hillsborough, NJ 088	344
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ple	ease call:
Jeff Kaminski	a. 609、313-9990
Name of Person	Area Code & Daytime Telephone Namber 🗴
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

☐ \$55 Filing Fee & Certified Copy

2 \$25 Filing Fee

Enclosed is a check for the following amount:

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)	1207 SW 57TH AVE	•	(b) 35 GATEWAY BLVD				
(-)	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y:	(0)	Mailing address	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	WEST MIAMI, FL 33144		HILLS	HILLSBOROUGH, NJ 08844			
	04/08/2015		L1500	0061765			_
	Date of filing/registration in Florida	4.		Document r	umber	·	
(a)	KAMINSKI, JEFFREY A						
(ω)	Registered Agent and Registered Office shown on the recor	rds of the Flo	orida Dept. of	State:			
	1921 Sw 33 Ct.						
	Registered Office Address (MUST BE FLORIDA STR	EET ADDR	ESS)				
	Miami	_, FL	33145				
<i>~</i> • \	InCorp Services, Inc.					VIO.	. c.
(b)	Enter name of NEW Registered Agent and/or NEW Regis	stered Offic	e address		2 8	15 ISI	šEC.
					돔	NON C	RET
	17888 67th Court North				ASS	-8	A
	NEW Registered Office Address:			-	Y OF S	AN F:	RY OF S
	Loxahatchee		33470		STATE LORIDA	03	ATIONS
	Loxanachee	_, FL				,	7.
e chi gent as/w	limited liability company is not organized under the lange or changes are made, the Florida street addressed in the identical. Or, in the case of a Florida limitere authorized by an affirmative vote of the member of organization or the operating agreement of the limited in the identity of organization or the operating agreement of the limited in the identity of organization or the operating agreement of the limited in the	ess of the r ted liabilit bers of the	registered o y company: limited lia ted liability	office and the bus , it is hereby con bility company o	siness office of ifirmed that the or as otherwis	of the regi he change	stere (s)
Signa	fe f a member or authorized representative of a member	<u> </u>		Printed or typ	ed name of sign	icc	
rovits ne db niel ofifie	by accept the appointment as registered agent an ions of all statutes relative to the proper and com ligations of my position as registered agent as pr ely reflect a change in the registered office addre d in writing of this change on behalf of inc	plete perf ovided for ess, I herei	ormance of in Chapter by confirm i	my duties, and I 605. F.S. Or. ii	i am jamiliar I this docume	wiin ana i nt is being	acce z file
10118	ire of Brigistered Agent						
7							