| L15 | Da | 2040 | 45 |
|-----|----|---------------------------------------|----|
| | | · · · · · · · · · · · · · · · · · · · | |

| (Re | questor's Name) | | | |
|---|---------------------|----------|--|--|
| (Ac | ldress) | | | |
| (Ac | ldress) | | | |
| (City/State/Zip/Phone #) | | | | |
| | TIAW | MAIL | | |
| (Bı | usiness Entity Name |) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates o | f Status | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| Office Use Only | | | | |
| | | | | |



10/20/17--01018--020 **25.00

OCT 2 2 2017 Y SULKER

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Foxtail Coffee Company, LLC

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:

Alex K. Tchekmeian

Name of Person

Three Joes, LLC

Firm/Company

995 West Kennedy Blvd Suite 32

Address

Orlando, FL 32810

City/State and Zip Code

alex@foxtailcoffee.com

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

For further information concerning this matter, please call:

| Alex K. Tchekmeian | 561 719-8982 |
|---|--------------------------------------|
| Name of Person | Area Code & Daytime Telephone Number |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: |
| Registration Section | Registration Section |
| Division of Corporations | Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle | Tallahassee, Florida 32314 |
| Tallahassee, Florida 32301 | |
| Enclosed is a check for the following a | amount: |
| ☑ \$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

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.

| I. Na | me of the limited liability company: | ffee Compa | ny, LLC | |
|--------|--|-------------------------------------|--|--|
| 2. (a) | 995 West Kennedy Blvd, Suite 32 | (b) 995 West Kennedy Blvd, Suite 32 | | |
| . (, | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (<u>Nate: MAY BE POST OFFICE BOX</u>) | |
| | Orlando, FL 32810 | | Orlando, FL 32810 | |
| | | | | |
| | 4/10/2015 | i | 15000064045 | |
| 3. | Date of filing/registration in Florida | 4. | Document number | |
| 5. (a) | Alex K. Tchekmeian | | | |
| | Registered Agent and Registered Office shown on the record 6424 Forest City Road | is of the Florida | Dept. of State: | |
| | Registered Office Address (MUST BE FLORIDA STRE | <u>EET ADDRESS)</u> | | |
| | Orlando | . FL_32810 | | |
| (b) | Alex K. Tchekmeian | | 17 007 20 | |
| | Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regist</u> | tered Office add | | |
| | NEW Registered Office Address: | | œ | |
| | 995 West Kennedy Blvd, Suite 32 | | 24 | |
| | Orlando | , FL 32810 | | |

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Alex K. Tchekmeian

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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 FILING FEE: \$25.00