

L15000144940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

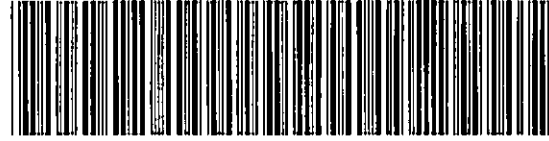
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200368277962

03 22 21 11:29 AM

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 AUG 26 PM 1:29

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MAPLE FROSTED DONUTS, 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:

EUGENE H. GAUDETTE  
Name of Person

Firm/Company

P.O. BOX N  
Address

SANFORD, ME 04073  
City/State and Zip Code

tiffany@ehglaw.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIFFANY CAMIRE at ( 207 ) 324-1551  
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 amount:**

- \$25 Filing Fee                       \$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.

1. Name of the limited liability company: MAPLE FROSTED DONUTS, LLC

2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*

2770 W ATLANTIC BLVD  
POMPANO BEACH, FL 33069

(b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*

280 MERRIMACK STREET  
METHUEN, MA 01844

3. AUGUST 24, 2015 Date of filing/registration in Florida  
4. L15000144940 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

CAFUA CONSULTING COMPANY, LLC  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)  
12236 TILLINGHAST CIRCLE  
PALM BEACH GARDENS, FL 33418

FILED  
2021 AUG 26 PM 1:29  
SECRETARY OF STATE  
TALLAHASSEE, FL

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:  
4100 N POWERLINE ROAD, UNIT M1  
POMPANO BEACH, FL 33073

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.

EUGENE H. GAUDETTE

Signature of a member or authorized representative of a member

Printed or typed name of signer

*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 Agent