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(Requestor's Name)	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 20, 2021

SUGAR RAISED DONUTS, LLC PO BOX N SANFORD, ME 04073

SUBJECT: SUGAR RAISED DONUTS, LLC Ref. Number: L15000146522

We have received your document for SUGAR RAISED DONUTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 321A00016803

www.sunbiz.org Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: _____

SUGAR RAISED 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:

Name of Person	at () Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

\$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.

IJ_	Principal office address of limited liability company:	((b)	Mailing address of limited liability company
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)			Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	2609 N DIXIE HWY		280 MEF	RIMACK STREET
	WILTON MANORS, FL 33305		METHU	EN. MA 01844
	AUGUST 26, 2015		L1500014	6522
-	Date of filing/registration in Florida	4_		Document number
)				
	Registered Agent and Registered Office shown on the records of	of the Flori	ia Dept. of St	ate:
	CAFUA CONSULTING COMPANY, LLC			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u>(S)</u>	
	12236 TILLINGHAST CIRCLE			
	PALM BEACH GARDENS, H	5L33418		2021
)				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office a	ddress:	AFE 25
				E 25 PH 12: 04
	NEW Registered Office Address:			
	4100 N POWERLINE ROAD, UNIT MI			
	POMPANO BEACH	FL33073		
liı e	mited liability company is not organized under the l or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited	aws of th ie registe liability c	e State of F red office a ompany, it	nd the business office of the registere is hereby confirmed that the change(s
w 'ei	re authorized by an affirmative vote of the members cles of organization or the operating agreement of th	s of the lin te limited	liability co	ity company or as otherwise provided mpany.

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00