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COVER LETTER

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TO: Registration Section Division of Corporations

Greek Street Cafe, LLC. SUBJECT:

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:

Peter Vorrias

Name of Person

Greek Street Cafe, LLC

Firm/Company

4332 University Blvd S

Address

Jacksonville, FL 32216

City/State and Zip Code

vorriasp@comcast.net

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

For further information concerning this matter, please call:

Peter Vorrias	904 503-0620	
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	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.

1.	Name of the limited liability company: Greek S	treet Cafe, L	LC	
2. (;	4332 S University Blvd Jacksonville El	. 32216 (t	ູ 4332 S U	niversity Blvd, Jacksonville FL 32
2. (Principal office address of limited liability compa (<i>Note: MUST BE STREET ADDRESS</i>)		Ma	ailing address of limited liability company: (<i>Note: MAY BE POST OFFICE BOX</i>)
3.	09/17/2015 Date of filing/registration in Florida	4.	L15000158	3445 Document number
5. ((a) Teresa K Vorrias, PRES			
	Registered Agent and Registered Office shown on the rec Registered Office Address <u>(MUST BE FLORIDA ST</u> 4332 S University Blvd			
	Jacksonville	, _{FL} _32216	· · · · · · · · · · · · · · · · · · ·	
()	b)			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>zistered Office ad</u>	<u>dress</u> :	
	NEW Registered Office Address:			
	4332 University Blvd S			34
	Jacksonville	, FL_32216		
the e agen was/	the limited liability company is not organized under change or changes are made, the Florida street add nt will be identical. Or, in the case of a Florida lim /were authorized by an affirmative vote of the men articles of organization or the operating agreement	ress of the regis ited liability co ubers of the lim of the limited l	stered office a ompany, it is l nited liability iability comp	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.
Sig	gnature of a member or authorized representative of a member	<u> </u>	<u>Teresa</u>	Printed or typed name of signee
I he prov the c to m notij	prehv accept the appointment as registered agent a visions of all statutes relative to the proper and con- obligations of my position as registered agent as pr prely reflect a change in the registered office addr fied in writing of this change	nd agree to act nplete perform rovided for in C ess, I hereby co	in this capac ance of my di Chapter 605, . onfirm that th	ity. I further agree to comply with the dies, and I am familiar with and accept F.S. Or, if this document is being filed we limited liability company has been
Sign	nature of Registered Agent			

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25,00