L150001866014

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Account#: I20000000088

Date: C	09/17/2020	
Name:	Merritt Walker	
Reference #:_	1234721	-
	FLYING PAN	DA FLORIDA, LLC
	of Incorporation/Authorization	
Amend	ment	
✓ Change	e of Agent	
☐ Reinsta	atement	
Conver	rsion	
☐ Merger		
☐ Dissolu	ition/Withdrawal	
☐ Fictitiou	us Name	
Other_		
Authorized An	nount: \$25	<u></u>
Signature:	mw	

F: 800.944.6607

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. N	ame of the limited liability company: FLYING PA	ANDA FLORIDA	A, LLC		
2. (a)		(b)			
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	No Change	No C	hange		
	November 3, 2015		L15000186614		
3.	Date of filing/registration in Florida		Document number	<u> </u>	
5. (a)	Corporation Service Company				
2. (11)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. of S	- <u></u> State:		
	1201 Hays Street				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)			
				202	
	Tallahassee Fi	32301-2525		7620 \$+ *	
(b)	COGENCY GLOBAL INC.			7	
()	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:		Aři	
	115 North Calhoun St., Suite 4			9: 0	الأسيده
	NEW Registered Office Address:			_	
			<u> </u>		
	Tallahassee	32301			
agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited linguistical by an affirmative vote of the members of the organization or the operating agreement of the	I the registered off ability company, i of the limited liabi	ice and the business office t is hereby confirmed that the lity company or as otherwise.	of the r	egistered
	ordon O. Jesperson	Gordon O. J	esperson		
	ure of a member or authorized representative of a member		Printed or typed name of sign		
the obli to mere	by accept the appointment as registered agent and agrows of all statutes relative to the proper and complete (gations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change.	ree to act in this ca performance of m d for in Chapter 6 hereby confirm tha	ipacity. I further agree to only duties, and I am familiar 05, F.S. Or, if this document the limited liability comp	comply with ar nt is be any ha.	with the id accept ing filed s been
Signatur	e of Registered Agent				

Tim Mayville, Assistant Secretary Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00