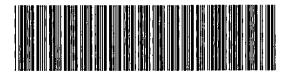


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COVER LETTER

Division of Corporations
SUBJECT: On THE TABLE 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:
CHARLES ERIK Norcross Name of Person
ON THE TABLE LLC Firm/Company
2867 SE MONTOE ST Address
Stuart FL 34997 City/State and Zip Code
Charle Norcrossa on the tablell C. COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
CHARLES NORCKUSS at (561) 722 2164 Name of Person Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2661 Executive Center Circle

Enclosed is a check for the following amount:

Tallahassee, Florida 32301

🐧 \$25 Filing Fee

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. Na	me of the limited liability company:	HE 7	TABL	E LL	<u>,</u>	<u>-</u>	_
2. (a) c	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) SHUART FIL 34997	(b)	Maili	ng address of limite one: MAY BE POS	ed liability	E BOX)	
	11112119 2-17-2017	 -	1150	00019		3494	1 / -
3.	Date of filing/registration in Florida			cument number	10	15/	
5. (a)	Jones Foster S Registered Agent and Registered Office shown on the records of						
	Registered Office Address (MUST BE FLORIDA STREET	(ADDRESS)					
	505 5 FLAGLE	R D	R. STE	6011 =			
	West Palm Beach.						•
(b)	CHARLES ERIK				7 MAR		
	Enter name of NEW Registered Agent and/or NEW Registere	ed Office addr	<u>ess</u> :		R 24	\$25 m	. ~-
	2867 SE MONNO	25+			PM		,
	NEW Registered Office Address:				رن م		•
	Stuari				99		į.
	, F	r <u>34°</u>	997				٠.,
the char agent w was/we	mited liability company is not organized under the lange or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the members eles of organization or the operating agreement of the	of the registe liability com of the limit	ered office and apany, it is her ed liability con	I the business of reby confirmed to mpany or as oth	ffice of the that the c	he registere change(s)	:d
			HARLE		< <i>V</i>	borcino	252
I hereb provision the oblit to mere	we of member of authorized representative of a member of a member of accept the appointment as registered agent and agens of all statutes relative to the proper and complet gations of my polition as registered agent as providity reflect a chappe in the registered office address, in writing of this change.	gree to act ii e performar led for in Ch I hereby con	n this canacit	nted or typed name o. I further agre es, and I am fam S. Or, if this do limited liability	e to com	ply with the h and acce s being filed has been	e pt d
Signatur	Corrected Agent						