L15000 19 230Q

(Requestor's Name)						
(Address)						
(Address)						
(Cit	y/State/Zip/Phone #	#)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates o	of Status				
Special Instructions to Filing Officer:						
J. HORNE						
JAN 2 9 2024						
		,				





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01/04/24--01002--008 **25.00



COVER LETTER...

TO:	Registration Section Division of Corporations							
SUBJE	гст	TACO HOSPITALITY HOLDINGS, LLC						
30131	cci.	Name of Limited Liability Company						
Dear S	ir or N	Madam: .						
The en	closed	d Registered Agent/Registered Of	fice Change a	nd fee(s) are submitted for filing.				
Please	returi	n all correspondence concerning t	his matter to t	he following:				
Process	sing D	epartment						
	_	Name of Person	-					
MyCor	porati	on Business Services, Inc.						
		Firm/Company		<u>.</u>				
26025	Murea	u Road Suite 120						
		Address	-					
Calaba:	ssas. C	CA 91302						
		City/State and Zip Code						
Е	:-mail	address: (to be used for future an	nual report no	ntification)				
For fur	ther i	nformation concerning this matte	r, please call:					
Process	sing D	epartment	877 at (692-6772				
		Name of Person	(Area Code & Daytime Telephone Number				
	Reg Divi P.O	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enc	losed is a check for the followin	g amount:					
	\$	25 Filing Fee		\$55 Filing Fee & Certified Copy				
INHS18	8 (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. N	ame of the limited liability company: TACO HOSPIT	ALITY HO	DLDINGS, L	I.C
2. (a)		(t	o)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		7	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BON)
	376 Main Street Suite A		376 Main S	Street Suite A
	Center Moriches, NY 11934		Center Mo	riches, NY 11934
	11/13/2015		L150001923	62
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
ે (ત,	Registered Agent and Registered Office shown on the records o	f the Florida	i Dept, of State	- ::
	THAKKAR, NILOY			_
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>	
	900 BISCAYNE BAY BLVD. UNIT 2301			
	MIAMI , F	33132		24 JAN -4 ARII: 27
	· '	1,		
(b)				837 (100)
,	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	1:2
	Legaline Corporate Services Inc.			7
	NEW Registered Office Address:			-
	476 Riverside Ave.			
	Jacksonville	32202		
		l		-
chang agent was/w	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lagere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registero iability co of the lim	ed office and impany, it is lited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
	Niloy Thakkar	NIL	OY THAKK	AR, Manager
Signa	ature of achember or authorized representative of a member			Printed or typed name of signee
provis the ob to mer	why accept the appointment as registered agent and agions of all statutes relative to the proper and completed igations of my position as registered agent as provided by the change in the registered office address, led in writing of this change.	gree to act e performe ed for in C hereby co	in this cape ance of my o Thapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been
1	Dau (ax			
Signati	ure of Registered Agent			