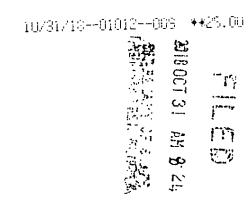
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(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
Certified Copies Certific	cates of Status				
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COVER LETTER •

	Registration Section Division of Corporations	÷	
SUBJE	CT: Cafecito Perez, LLC	4	
301271.		ne of Limited	Liability Company
Dear Si	r or Madam:	•	
The enc	losed Registered Agent/Registered Off	ice Change a	nd fee(s) are submitted for filing.
Please r	eturn all correspondence concerning th	is matter to t	he following:
Richar	d L Perez		
	Name of Person		
Cafeci	to Perez		
	Firm/Company		
17691	SW 12th St		
	Address		
Pembr	oke Pines, FL 33029		
	City/State and Zip Code		
ricky@	cafecitoperez.com		
E-	mail address: (to be used for future and	nual report no	tification)
For furtl	her information concerning this matter.	, please call:	
Ricky F	Perez	95 4 at (2588320
	Name of Person	\	Area Code & Daytime Telephone Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, Florida 32314
	Enclosed is a check for the following	amount:	
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy

TO:

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	ame of the limited liability company: Cafecito Pere.	z, LLC			
2	(a)	17691 SW 12th St	(b) 17691 SW 12th St			
	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ ``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Pembroke Pines, FL 33029	_	Pembro	oke Pines, FL 33029	
			_			
		November 24, 2015		L150001	98563	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	Registered Agents Inc.				
٠,	(u)	Registered Agent and Registered Office shown on the records of a	he Florid	a Dept. of Sta	nte:	
		3030 N. Rocky Point Dr.			~പ. ജ	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
		Ste: 150A			- Ball OCT 3	
		Tampa, FL	33607		in the second se	
	(b) Richard Perez					
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		17691 SW 12th St			1	
		NEW Registered Office Address:			_	
		· · · · · · · · · · · · · · · · · · ·			_	
		Pembroke Pines	33029		_	
the age was	cha ent w s/we	mited liability company is not organized under the law nge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia- tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	the regi bility co f the lin	stered offic ompany, it nited liabili	te and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
			Ric	ky Perez		
S	ignat	ure of a member or authorized representative of a member			Printed or typed name of signee	
pro the to r	visio obli nere	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I h I in writing of this change	ee to act perform I for in G ereby c	t in this cap ance of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

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

Signature of Registered Agent