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2015 DEC 21 PH 1: 57
SALIKANASSEE FLORIBA

DEC 22 2015 J. HARRIS

COVER LETTER

	egistration Section ivision of Corporations				
SUBJECT	Soul Cake LLC				
JCD02C	Name of Limited Liability Company				
Dear Sir o	or Madam:				
The enclos	sed Registered Agent/Registered Office	Change and	I fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:					
Lisa J B	rown				
	Name of Person				
	Firm/Company		<u> </u>		
1715 11	th St				
	Address				
Fort Lau	derdale, Fl 33304				
	City/State and Zip Code		AAAAAAAAA		
Lisa@he	ealthybodynow.net				
E-ma	ail address: (to be used for future annual	report noti	fication)		
For furthe	r information concerning this matter, ple	ase call:			
Joseph S	Spina	954 at (328-9004		
	Name of Person	•	Area Code & Daytime Telephone Number		
Re Di CI 26	FREET/COURIER ADDRESS: egistration Section ivision of Corporations lifton Building 661 Executive Center Circle allahassee, Florida 32301	Re Di P.	AILING ADDRESS: egistration Section ivision of Corporations O. Box 6327 illahassee, Florida 32314		
Eı	Enclosed is a check for the following amount:				
	\$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy		

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.

. Na	me of the limited liability company: Soul Cake LLC	· .	
. (a)	401 E. Las Olas Blvd, Ft Lauderdale,Fl 33301	(b) Sar	ne
(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)
. (a)	11/30/2015 Date of filing/registration in Florida Lisa J Brown, 401 E Las Olas Blvd. Ft. Laude	4. erdale 3330	
	Registered Agent and Registered Office shown on the records of the	ie riorida Dept. (or state:
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)	
	Ft Lauderdale, ,FL3	33301	
(L)	Lisa J Brown, 1715 NE 11 th St		<u> </u>
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office address:	
	1715 NE 11th St, Ft. Lauderdale, Fl 33304		67. 57
	NEW Registered Office Address:		
	, FL	:	
gent vas/weie arti	imited liability company is not organized under the lawinge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the light of a member or authorized representative of a member	the registered bility compan the limited limit	office and the business office of the registered, it is hereby confirmed that the change(s) iability company or as otherwise provided in ty company. Printed or typed name of signee
rovisi ie obl merc	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 he I in writing of this change. The of Registered Agent	e to act in thi performance of for in Chapte ereby confirm	is capacity. I further agree to comply with th of my duties, and I am familiar with and acce er 605, F.S. Or, if this document is being file n that the limited liability company has been