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(R	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(D	ocument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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2020 JUH 26 PH 5: 20 SECRETARY OF STATE

D. BRUCE AUG 12 2020

COVER LETTER

TO:	Registration Section Division of Corporations			-•	
SUBJ	ALLGOODFOODS, LLC				
		Name of Limite	d Liability Company		
Dear :	Sir or Madam:				
The e	nclosed Registered Agent/Registered	l Office Change	and fee(s) are submitted for fili	ng.	
Please	e return all correspondence concerni	ng this matter to	the following:		
Kristy	· Cestero				
	Name of Person				
ALLO	GOODFOODS, LLC				
•	Firm/Company				
9947	Cherry Hills Ave. Circle				
	Address				
BRAI	DENTON, FL 34202			(a)	~
	City/State and Zip Co	ode		TAL	2020 JUN 2
kristy	@floodprosusa.com				呈
	E-mail address: (to be used for futur	e annual report n	otification)	\$20 \$20	9
For fu	urther information concerning this m	atter, please call:		CC.	5. Hd
Kristy	y Cestero	941 at (408-4641	<u> </u>	20
	Name of Person	,	Area Code & Daytime T	elephone Number	
	Mailing Address: Registration Section		Street Address: Registration Section		
	Division of Corporations		Division of Corporation	ons	
P.O. Box 6327		The Centre of Tallaha			
	Tallahassee. FL 32314		2415 N. Monroe Stree Tallahassee, FL 32303		
	Enclosed is a check for the follo	wing amount:			
	□ \$25 Filing Fee		\$55 Filing Fee & Certified C	Сору	

INHS18 (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.

2. (a)	9947 Cherry Hills Ave. Circle		(b)	9947 Che	erry Hills Ave. Cir	cle			
~. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 -	(0)		Mailing address of (Note: MAY BE		•		y:
	9947 CHERRY HILLS AVE CIRCLE			9947 CHE	ERRY HILLS AV	E CIRCL	Æ		
	BRADENTON 34202	_		BRADEN	TON 34202				
	12/17/2015		l.	.15000209	245				
3.	Date of filing/registration in Florida	4.	_		Document num	ber			
5. (a)	Kristy Marie JONES								
J. (u)	Registered Agent and Registered Office shown on the records of t	he Flori	da l	Dept, of Stat	te:				
	Kristy Marie JONES								
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	SS)		-				
	9947 CHERRY HILLS AVE CIRCLE								
	BRADENTON, FL	34202			_				
(b)	Kristy Cestero					IA.	SECR	2020 JUN 26	Aug (Sand)
, ,	Enter name of NEW Registered Agent and/or NEW Registered	Office :	add	ress:	_	, , ,	·fii∖ •s≓	E	Arkizara a è
	9947 CHERRY HILLS AVE CIRCLE					(n/:5:			
	NEW Registered Office Address:				_	1.00	i i i	PH	U
	9947 CHERRY HILLS AVE CIRCLE				_	r		5: 20	
	BRADENTON . FL	34202					,		
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of the li limited	erec con lmit Hia	l office an ipany, it i ed liabilit ibility con	nd the business o is hereby confirm ty company or as	flice of ned that	the ru the c	egistero hange(ed s)
Signa	dure of a member or authorized representative of a member				Printed or typed r	name of si	gnee		
I here provis the obi to mer	by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	e to a perfori for in ereby	ct i man i Ch con	n this cap ice of my napter 602 ifirm that	oacity. I further a duties, and I am 5, F.S. Or, if thi, the limited liabi	agree to familia s docum lity com	com r with ent is pany	oly with and a heing has be	h the eccept filed en
Signata	nt of Registered Agent								

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