L15000210946

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				
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COVER LETTER

TO:	Registration Section Division of Corporations			
	Bravos Snacks LLC			
SUBJE	BJECT: Name of Limited Liability Company			
		no or primited placement, company		
Dear S	ir or Madam:			
The en	closed Registered Agent/Registered Of	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:				
Richa	ard Bravo			
	Name of Person			
Bravo	os Snacks LLC			
	Firm/Company			
2 Bicl	k Pi			
;	Address			
Palm	Coast, Florida 32137			
	City/State and Zip Code			
rich.1	9836@gmail.com			
E	-mail address: (to be used for future an	nual report notification)		
For fur	rther information concerning this matter	; please call:		
Richa	ard Bravo	203 525-2809		
· · · · · ·	Name of Person	Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS:	MAILING ADDRESS:		
	Registration Section	Registration Section		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 6327		
	2661 Executive Center Circle	Tallahassee, Florida 32314		
	Tallahassee, Florida 32301			
,	Enclosed is a check for the followin	g amount:		
	\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

INHS18 (2/14)

LIMITED LIADILITY COME AITT

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: Bravos Snack	(S LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 2 Bick Pl	(b	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Palm Coast, Florida 32137		
	December 21 2015		L15000210946
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Barbara Perry Corporation Service	e Co	maa nu
	Registered Agent and Registered Office shown on the records of Registered Office Address (MUST BE FLORIDA STREET / 1201 Hays Street		<u></u>
		32301	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Richard Bravo	Office ad	—————————————————————————————————————
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	PH 12: 05
	2 Bick Pl		
	Palm Coast , FL	32137	,
the cha agent v was/w the art	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the regi- ability co of the lim limited	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nated liability company or as otherwise provided in
I here provisi the obtained to mer notifie	by accept the appointment as registered agent and agriculture of a member and agricultures of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I will not be a change in the registered office address, I will not be a change in the registered of the change.	ree to ac perform d for in (hereby c	t in this capacity. I further agree to comply with the