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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

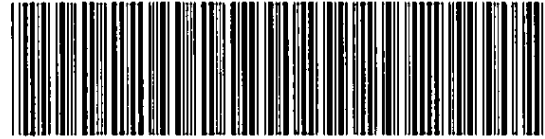
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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VS  
10/15/20

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

Safe Chef Food Safety Training LLC

**SUBJECT:** \_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jason Feinberg

\_\_\_\_\_  
Name of Person

Safe Chef Food Safety Training LLC

\_\_\_\_\_  
Firm/Company

6883 Turtle Bay Ter

\_\_\_\_\_  
Address

Lake Worth, Florida 33463

\_\_\_\_\_  
City/State and Zip Code

info@safecheftraining.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Feinberg

954

257-4614

\_\_\_\_\_  
at ( ) \_\_\_\_\_

Name of Person

Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

*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. Name of the limited liability company: 6883 Turtle Bay Ter. Lake Worth, Florida 33463 6883 Turtle Bay Ter. Lake Worth, Florida 33463

\_\_\_\_\_

3.	Date of filing/registration in Florida United States Corporation Agents, INC.	4.	Document number
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Orlando, FL 32822

**NEW** Registered Office Address:

Lake Worth, FL 33463

Signature of member or authorized representative of a member \_\_\_\_\_ Printed or typed name of signee \_\_\_\_\_

Signature of Registered Agent \_\_\_\_\_

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