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PICK-UP	☐ WAIT	MAIL		
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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 Area Code & Davtime Telephone Number Name of Person Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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

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	Safe Chef Food S ame of the limited liability company:	afety Tra	ining ILC	
	6883 Turtle Bay Ter. Lake Worth, Florida 33463	6883 Turtle Bay Ter. Lake Worth, Florida 33463		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	12/28/2015	_	L15000213	187
3. 5. (a)	Date of filing/registration in Florida United States Corporation Agents, INC.	4.		Document number
. (u)	Registered Agent and Registered Office shown on the records of 5575 S. Semoran Blvd Suite 36	the Florid	a Dept, of Sta	te:
	Registered Office Address (MUST RE FLORIDA STREET)	ADDRES:	<u>S)</u>	_
	Orlando, FL	32822		-
(b)	Jason Feinberg			
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ad	ldress:	_
	6883 Turtle Bay Ter.			
	NEW Registered Office Address:			_
	Lake Worth	33463		_
change agent v was/w	imited liability company is not organized under the law c 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	register ability co of the lim limited l	ed office an impany, it in ited liabilit	id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Signa	type thember or authorized representative of a member			Printed or typed name of signee
rrovisi he obi o mer	by accept the appointment as registered agent and agr 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 I d in writing of this change.	perform d for in (ance of my	duties, and I am familiar with and accept 5 F.S. Or if this document is being filed
Signate	are of Registered Agent			

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