

L16000043087

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

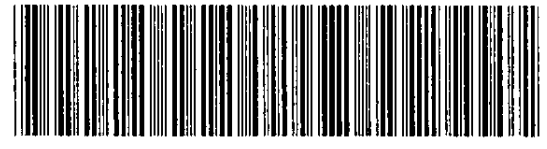
(Business Entity Name)

(Document Number)

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2017 JUN 19 P 12:40  
TALLAHASSEE, FLORIDA

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D. BRUCE  
JUN 21 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** OFFICE PLUS, LLC  
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:

Christian CHARLEMAGNE  
Name of Person

CCNC GROUP LLC  
Firm/Company

1919 HOLLYWOOD BOULEVARD  
Address

HOLLYWOOD/ FL/ 33020  
City/State and Zip Code

chris@themacaronfactory.com  
E-mail address: (to be used for future annual report notification)

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STATE OF FLORIDA  
TALLAHASSEE

For further information concerning this matter, please call:

Christian CHARLEMAGNE at ( 305 ) 833 4813  
Name of Person Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**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. Name of the limited liability company: OFFICE PLUS, LLC

2. (a) 1919 HOLLYWOOD BOULEVARD  
Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
HOLLYWOOD FL 33020

(b) 1919 HOLLYWOOD BOULEVARD  
Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
HOLLYWOOD FL 33020

3. 03/01/2016 Date of filing/registration in Florida

4. L16000043087 Document number

5. (a) BOYER LAW FIRM, P.L.  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
9471 BAYMEADOWS ROAD SUITE 406  
Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

JACKSONVILLE, FL 32256

(b) CHRISTIAN CHARLEMAGNE  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1919 HOLLYWOOD BOULEVARD

NEW Registered Office Address:

HOLLYWOOD, FL 33020

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 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
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If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

\_\_\_\_\_  
Signature of a member or authorized representative of a member

CHRISTIAN CHARLEMAGNE Christian  
Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

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