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(Requestor's Name)						
(Address)						
(Address)						
(Ci	ty/State/Zip/Phone	e #)				
PICK-UP	WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						
J.R5 PH 4: 31						
2917.	Office Use On	ly				



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COVER LETTER

то:	Registration Section Division of Corporations						
SUBJI	Eggam Carrot Holdings, LLC						
	Name of Limited Liability Company						
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Offi	ice Change ar	nd fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:							
ROSI	E MARCH						
	Name of Person						
EGG	AM CARROT HOLDINGS, LLC						
	Firm/Company						
7405	STARFISH DR						
	Address						
SARA	ASOTA, FL 34231						
	City/State and Zip Code						
rosen	narch8@gmail.com						
E	-mail address: (to be used for future ann	ual report not	tification)				
For fu	ther information concerning this matter.	please call:					
ROSE	E MARCH	941 at (303-0187				
	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	R 13 P	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	2	\$55 Filing Fee & Certified Copy				
INHSI	8 (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.

1. Na	me of the limited liability company: EGGAM CAR	ROT	HOLDINGS	S, LLC
2. (a)		((b)	
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7405 STARFISH DR		7405 ST	ARFISH DR
	SARASOTA, FL 34231		SARASO	DTA, FL 34231
	MARCH 09.2016		L1600004	1 8616
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Sharon Cooke			
J. (u)	Registered Agent and Registered Office shown on the records of PARACORP INCORPORATED	the Flori	da Dept, of State	
	Registered Office Address (MUST BE FLORIDA STREET) 155 OFFICE PLAZA DR IST FL	ADDRES	55)	· · · · · · · · · · · · · · · · · · ·
	TALLAHASSEE , FL	3230		
(b)	ROSE MARCH			2 0
()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ddress:	
	NEW Registered Office Address:			
	7405 STARFISH DR			
	SARASOTA , FL	3423	i	
the cha agent v was/we	imited liability company is not organized under the law inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	the regability of the li- limited	istered office company, it is mited liability l liability con	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
Signal	fure of a member or authorized representative of a member	- R	se March	Printed or typed name of signce
l herei provisi the obl to mere	by accept the appointment as registered agent and aground on some of all statutes relative to the proper and complete igations of my position as registered agent as provide left reflect a change in the registered office address, I in writing of this change	ee to a perfori d for in hereby	ct in this cape nance of my e Chapter 605 confirm that	acity. I further agree to comply with the

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

Signature of Registered Agent