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CLAHASSEE, FLORIDA

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COVER LETTER

FO: Registration Section Division of Corporations	
Choice Friendly SUBJECT:	
Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	ce Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to the following:
Amy Van Schoor	
Name of Person	
Choice Friendly	
Firm/Company	
1026 Truman Ave	
Address	
Key West, FI, 33040	
City/State and Zip Code	
tacogrilla@gmail.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Amy Van Schoor	305 6196337 at ()
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: 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 following a	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.

1026 Truman ave (b)
Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Key West
Florida, 33040
L16000098802
4. Document number
of the Florida Dept. of State:
(ADDRESS)
33612 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
AF & m
d Office address:
33040
aws of the State of Florida, it is hereby confirmed that after of the registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in a limited liability company. Amy Van Schoor Printed or typed name of signee By the second of the registered to comply with the performance of my duties, and I am familiar with and accept the deformance of the second of the limited liability company has been

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