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Ra Change



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dank Cakes I.L.C.	
Name of Limited Lia	ibility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
George Eugos Name of Person	_
DONG CAROS LLC. Firm/Company	20 #
19917 NE, 176th St. Address	20 AUG 1 AM 1 : 18
Menido, Fl 3294 City/State and Zip Code	
E-mail address: (to be used for future annual report notific	eation)
For further information concerning this matter, please call:	
Name of Person at (352)	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:	
ॼ \$25 Filing Fee □ \$5	5 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.

I. Na	unc of the limited liability company:	Cakes 1	10	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) <u> </u>	Mailing address of limited lie (Note: MAY BE POST O	
3. 5. (a)	Date of filing/registration in Florida Alexander Black Registered Agent and Registered Office shown on the records	4.	Document number	56
(b)	306 NW 16th 5t. Registered Office Address (MUST BE FLORIDA STREE) Apt. 13	FL 3260		SECRETARY OF DIVISION OF CORE
	10917 NE 17674 St. NEW Registered Office Address:	a reic		STATE ***********************************
	WALDO	FL 32694		
change agent w was/we the arti-	imited liability company is not organized under the lor changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members cles of organization or the operating agreement of the limited for a member of a member of a member or authorized representative of a member	he registered office liability company, s of the limited liable one limited liability of the liabi	and the business office of it is hereby confirmed that ility company or as otherwompany. (21816) Black Printed or typed name of si	the registered the change(s) rise provided in
provisit the obli to merc	by accept the appointment as registered agent and a ons of all statutes relative to the proper and comple igations of my position as registered agent as provic ly reflect a change in the registered office address, I in writing of this change.	grec to act in this c te performance of n ded for in Chapter (I hereby confirm th	apacity. I further agree to ny duties, and I am Jamilia 505, F.S. Or, if this docum at the limited liability com	comply with the r with and accept ent is being filed pany has been

Signature of Registered Agent