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COVER LETTER

TO: Registration Section Division of Corporations

MOMENTUM MEALS 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:

MEHRAN MATIN

Name of Person

MOMENTUM MEALS LLC

Firm/Company

121 S ORANGE AVE #1160

Address

ORLANDO, FL 32801

City/State and Zip Code MEHRAN@MOMENTUMMEALS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MEHRAN MATIN

370-1998

_) _

863

_ at (_____

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:

2 \$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 M-	MOMENTUN	1 MEAL	SLLC
	MOMENTUM MEALS LLC	(b)	
_ (, , , , , , , , , , , , , , , , , ,	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>) 121 S ORANGE AVE #1160	(-)	Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>) 121 S ORANGE AVE #1160
	ORLANDO, FL 32801	_	ORLANDO, FL 32801
	07/11/16		L16000130573
3. 5. (a)	Date of filing/registration in Florida MEHRAN MATIN	 4.	Document number
(u)	Registered Agent and Registered Office shown on the records of 2514 LAKE DEBRA DR	the Florida I	Dept. of State;
	Registered Office Address (MUST BE FLORIDA STREET / APT 301	ADDRESS)	
	ORLANDO	32835	
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office add	Iress: Fra N
	121 S ORANGE AVE		
	<u>NEW</u> Registered Office Address: #1160		
	ORLANDO	32801	Cor State
the cha agent w was/we	imited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- ere authorized by an affirmative vote of the members of cles of organization of the operating agreement of the	the regist ability cor of the limi limited li	tered office and the business office of the registere mpany, it is hereby confirmed that the change(s) ited liability company or as otherwise provided in
Signat	ture of a member or autorized representative of a member		Printed or typed name of signce
I herel	by accept the appointment as registered agent and agr	ee to act	in this capacity. I further agree to comply with the

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

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

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