## L16000 137 773

Vill				
(Requestor's Name)				
(Address)				
(Âd	dress)			
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
	<u>.</u>			





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2023 DEC 19 PM 4: 13

## **COVER LETTER**

Division of Corporations	,			
Tampa Taco, LLC SUBJECT:				
Name of Limited Liability Company				
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter t	to the following:			
Jeffrey Farwell				
Name of Person				
Rocco's Tacos & Tequila Bar				
Firm/Company				
400 Clematis Street, Suite 205				
Address				
West Palm Beach, FL 33401				
City/State and Zip Code				
barbara@bigtimerestaurants.com				
E-mail address: (to be used for future annual repor	t notification)			
For further information concerning this matter, please ca	all:			
Jeffrey Farwell 56	659-1940			
Name of Person	Area Code & Daytime Telephone Number			
Mailing Address:	Street Address:			
Registration Section	Registration Section			
Division of Corporations	Division of Corporations			
P.O. Box 6327	The Centre of Tallahassee			
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enclosed is a check for the following amount	: :			
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			

INHS18 (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.

l. Na	ime of the limited liability company:  Tampa Taco, LI		400 Clematis Street, Suite 205
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  Wast Palm Basely, EL 22401	(b)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  West Palm Beach, FL 33401
	West Palm Beach, FL 33401	<b>_</b>	West Faint Beach, 1 E 33401
	07/15/2016	Li	16000137773
3. 5. (a)	Date of filing/registration in Florida Corporate Creations Network, Inc.	4.	Document number
). (a)	Registered Agent and Registered Office shown on the records of 801 US Highway One	of the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS <sub>I</sub>	<b>2023</b>
	North Palm Beach , I	FL_33408	F   L 2023 DEC
(b)	Dillon, Barbara		
	Enter name of NEW Registered Agent and/or NEW Register 400 Clematis Street	ed Office addr	
		<del></del>	. 11
	NEW Registered Office Address: Suite 205		
	West Palm Beach	FL	···
change agent was/w	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	he registered liability com s of the limite ne limited lial	office and the business office of the registered pany, it is hereby confirmed that the change(s) ed liability company or as otherwise provided in bility company.
	K M, I	Rocco	Mangel
_	nture of a member of authorized representative of a member		Printed or typed name of signee
provis the ob to mer	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provid ely reflect a change in the registered office address, d in writing of this change.	gree to act in te performan ded for in Ch I hereby con	i this capacity. I juriner agree to comply with the ce of my duties, and I am familiar with and accep apter 605, F.S. Or, if this document is heing filed firm that the limited liability company has been

Signature of Registered Agent