## L16000153386

(Requestor's Name)				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
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(Business Entity Name)				
(Document Number)				
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2021 AUG 26 PH 1: 30 SECRETARY OF 5 PATE TALL APAY SEC. THE

## **COVER LETTER**

TO: Registration Section Division of Corporations				
	T:Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.			
Please return all correspondence concerning this matte	r to the following:			
EUGENE H. GAUDETTE				
Name of Person				
Firm/Company	<del></del>			
P.O. BOX N				
Address	<del></del>			
SANFORD, ME 04073				
City/State and Zip Code				
tiflany@ehglaw.com				
E-mail address: (to be used for future annual rep	ort notification)			
For further information concerning this matter, please	call:			
TIFFANY CAMIRE at (	207 324-1551			
Name of Person	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	nt:			
<b>■</b> \$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.

1. Na	ume of the limited liability company: PB&J DC	ONUTS, L	LC	
2. (a)		(	b)	
(/	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		, <del>-</del>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	6274 W INDIANTOWN RD, SUITE B		280 ME	ERRIMACK STREET
	JUPITER, FL 33458		МЕТН	UEN, MA 01844
	AUGUST 16, 2016		L160001	53386
<b>3</b> .	Date of filing/registration in Florida	4.		Document number
• (-)				
i. (a)	Registered Agent and Registered Office shown on the records o	f the Florid	la Dept. of S	State:
	CAFUA CONSULTING COMPANY, LLC			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	
	12236 TILLINGHAST CIRCLE			ACII A
	PALM BEACH GARDENS F	L33418		ZOZI AUG 26 SEGRETARY
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:	ARY OF SAME
	NEW Registered Office Address:			
	4100 N POWERLINE ROAD, UNIT MI			
	POMPANO BEACH . F	L 33073		
change agent v was/we he arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e register iability c of the lir e limited	ed office ompany, nited liab liability o	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.  GAUDETTE
-	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi he obi to mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I d'in writing of this change.	gree to ac e perforn ed for in hereby c	et in this c nance of n Chapter t confirm th	apacity. I further agree to comply with the ny duties, and I am familiar with and accep, 505, F.S. Or, if this document is being filed at the limited liability company has been
Signatu	re of Registered Agent			