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COVER LETTER

Division of Corporat	ions					
CUD ID CT.	LONGTIME DONUTS, LLC					
SUBJECT:	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Ago	ent/Registered Office	Change ar	nd fee(s) are submitted for filing.			
Please return all corresponde	nce concerning this n	natter to th	e following:			
EUGENE H. GAUDETTE						
Nan	ne of Person					
Firm	n/Company					
P.O. BOX N						
Ac	ddress					
SANFORD, ME 04073						
City/Sta	te and Zip Code					
tiffany@ehglaw.com						
E-mail address: (to be	used for future annual	report no	tification)			
For further information conc	erning this matter, ple	ease call:				
TIFFANY CAMIRE		207 at (324-1551			
Name of Per	rson		Area Code & Daytime Telephone Number			
Mailing Address: Registration Section Division of Corpor P.O. Box 6327 Tallahassee, FL 32	rations		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 an	nount:				
■ \$25 Filing Fee			\$55 Filing Fee & Certified Copy			

TO: Registration Section

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	ame of the limited liability company:LONGTIMI	E DONUT	S, LLC		
2 (a)		(b	ı)		
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	8900 NORTH MILITARY TRAIL		280 MERRIMACK STREET		
	PALM BEACH GARDENS, FL 33410	METHUEN, MA 01844			
	AUGUST 16, 2016		L1600015	33481	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)					
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of S	tate:	
	CAFUA CONSULTING COMPANY, LLC			<i>(</i> , 5)	
	Registered Office Address (MUST BE FLORIDA STREET	- 7821 784			
	12236 TILLINGHAST CIRCLE			ZOZI AUG SECRETA	
	PALM BEACH GARDENS . FI	33418 L		26	
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>dress</u> :	27	
	NEW Registered Office Address:				
	4100 N POWERLINE ROAD, UNIT MI				
				_	
	POMPANO BEACH, FI	L33073	·		
16 th a 1	imited liability company is not organized under the la	uve of the	State of I	Florida, it is hereby confirmed that after the	
change	e or changes are made, the Florida street address of the	e registere	ed office a	and the business office of the registered	
agent v	will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members	iability co	mpany, it iited liabi	is hereby confirmed that the change(s) lity company or as otherwise provided in	
the art	icles of organization or the operating agreement of the	e limited l	iability co	ompany.	
		EUG	GENE H. C	GAUDETTE	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the 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.	ree to act e performe ed for in C hereby co	in this co ance of m Chapter 6 onfirm the	spacity. I further agree to comply with the y duties, and I am familiar with and accept 05, F.S. Or, if this document is being filed at the limited liability company has been	
Signati	are of Registered Agent				