L16000220700

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
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PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
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COVER LETTER

	Registration Section Division of Corporations	
	·	
SUBJE	CT: SALUBRIOUS	EATS LLC
		Name of Limited Liability Company
Dear Sir	or Madam:	
The enc	losed Registered Agent/Registere	ed Office Change and fee(s) are submitted for filing.
Please re	eturn all correspondence concern	ing this matter to the following:
TAKE	CIA GREEN	<u> </u>
	Name of Person	
SALU	BRIONS BATS, LLC	
	Firm/Company	
1960	FIREFLY ORIVE	
	Address	
	N COVE SPRINGS, FL	. 22-01-7
WEE E	City/State and Zip C	
TAKE	CIA G@ HOTMAIL.	COM
E-1	mail address: (to be used for futur	re annual report notification)
	ner information concerning this m	
r or rare	ici intornation concerning this in	muci, piedse can.
TAKE	LIA GREEN	at (904) 294-3774
	Name of Person	Area Code & Daytime Telephone Number
:	STREET/COURIER ADDRES	S: MAILING ADDRESS:
,	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
4	Clifton Building	P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
•	Tallahassee, Florida 32301	
	Enclosed is a check for the follo	owing amount:
!	\$25 Filing Fee	S55 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	me of the limited liability company: SALWBRIO	us	EATS	بر	<u>-</u>			
2. (a)		_ (b))					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
	1960 PIREFLY DR.	_	PO	вох	8690			
	GREEN COVE SPRINKS , PL. 32043		FLEN	11~	IS CAND,	FL. 32006		
	12/6/2016		L16000220700					
3.	Date of filing/registration in Florida	4.		Doc	ument number			
5 (a)	UNITED STATES CORPORATION ACE	∵Τ ¢ \₩	ے د					
2. (a)	Registered Agent and Registered Office shown on the records of th			tate:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDBECC			•	FILET NOV 22 P		
	-	<u>NINESSI</u>				FILE NOV 22		
	13302 WINDING OAK COURT A					2 F		
	TAMPA	3361	2			V 22 PM		
		<u> </u>	<u>-</u>			고 골 ㅁ		
(b)	TAKECIA GREEN SH D							
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Office add	ress:			15 45		
			_			•		
	NEW Registered Office Address:							
	1960 FIREFLY DRIVE							
	WEEN COVE SPRINGS .FL	320	43					
If the li	mited liability company is not organized under the laws	s of the	State of	Florida	, it is hereby co	onfirmed that after		
agent v	nge or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liab	ne regis pility co	terea on mpany, i	ice and it is her	the business of eby confirmed	that the change(s)		
was/wc	ere authorized by an affirmative vote of the members of	the limi	ited liabi	ility cor	npany or as otl	herwise provided in		
the arti	cles of organization or the operating agreement of the li	imited li	ability c	ompan	у.			
	CECA		AKEC		CREEN	···		
_	are of a member or authorized representative of a member				ted or typed name			
provisi the obli to mere	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided ly reflect a change in the registered office address, I he I in writing of this change.	e to act performa for in C preby co	in this c ince of n hapter t infirm th	apacity vy dutie 505, F.S at the l	. I further agr s, and I am far s. Or, if this do imited liability	ee to comply with the niliar with and accept ocument is being filed company has been		
ja								
Signatu	re of Registered Agent							