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COVER LETTER

TO;

INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	CT: Chop, Chop, Chop, LLC					
SODAL.	Name of Limited Liability Company					
Dear Si	r or Madam:					
The end	closed Registered Agent/Registered Offi	ice Change and fe	ee(s) are submitted for filing.			
Please	return all correspondence concerning the	is matter to the fo	ollowing:			
Thom	as C. Bordeau					
	Name of Person		_			
Chop,	Chop, Chop, LLC					
	Firm/Company		_			
4833	Europa Drive					
	Address		_			
Naple	s, FL 34105					
	City/State and Zip Code	· · · · ·	_			
tcogs	wellbordeau@gmail.com					
F.	-mail address: (to be used for future anr	ual report notific	ration)			
For fur	ther information concerning this matter.	please call:				
Thom	as C. Bordeau	603	387-1719			
	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	Reg Divi P.O.	ILING ADDRESS: istration Section ision of Corporations . Box 6327 ahassee, Florida 32314			
Enclosed is a check for the following amount:						
	■ \$25 Filing Fee	□ \$55	5 Filing Fee & Certified Copy			

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compasubmits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. Na	ame of the limited liability company: Chop, Chop,	Chop, LLC		
2. (a)	6351 Bayshore Road, #44	(b) c/o Thomas C. Bordeau		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	North Fort Myers, FL 33917	4833 Eı	Naples, FL 34105	
		Naples,		
	December 16, 2016	L160002	21101	
3.	Date of filing/registration in Florida	4.	Document number	
5 (a)	Peter D. Bordeau			
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida Dept. of Sta	te:	
	6351 Bayshore Road, #44			
	Registered Office Address (MUST BE FLORIDA STREET	_		
	North Fort Myers, FL 33917			
		L	2819 JUL	
,1. N	Thomas C. Bordeau			
(b)	Enter name of NEW Registered Agent and/or NEW Registered	- J. J.		
	6351 Bayshore Road, #44	WH: 06		
	NEW Registered Office Address:		06	
	North Fort Myers, FL 33917		_	
	-	,		
	, F	L	_	
the cha agent was/w the art	limited liability company is not organized under the la ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the registered office liability company, it of the limited liabili	is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. Bordeau	
_	ature of a member or authorized representative of a member		Printed or typed name of signee	
noujie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, led in writing of this change.	ree to act in this cape performance of my ed for in Chapter 60 hereby confirm that	pacity. I further agree to comply with to duties, and I am familiar with and acco 15, F.S. Or, if this document is being file t the limited liability company has been	
Signati	ure of Registered Agent			