L17000	027168
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(City/State/Zip/Phone #)	
(Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:	
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Registration Section TO: **Division of Corporations**

Don Deo Food Service LLC SUBJECT:

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Oscar Guevara

Name of Person

Don Deo Food Service LLC

Firm/Company

275 NE 18 St Unit Cu-7

Address

Miami FL 33132

City/State and Zip Code

o_barinas@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Oscar Guevara 305 9893404 at (Area Code & Daytime Telephone Number

Name of Person

STREET/COURIER ADDRESS:

Registration Section Division of Corporations **Clifton Building** 2661 Executive Center Circle Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☑ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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:	d Service LLC	
2. (a)		(b)	
(1)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
	275 NE 18 ST 2108 MIAMI, FL 33132	275 NE	18 ST 2108 MIAMI, FL 33132
	02/02/2017	L170000	27168
3. 5. (a)	Date of filing/registration in Florida VERARDI, JOSE	4.	Document number
J. (u)	Registered Agent and Registered Office shown on the records of 275 NE 18 ST 2108 MIAMI, FL 33132	the Florida Dept. of Sta	 ite:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	_
	, FL		
(b)	Guevara, Oscar		- 100 29
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 275 NE 18St CU-7 <u>NEW</u> Registered Office Address:	l Office address:	2219 AUG - 9 AM
	Miami,, FL	33132	_
the cha agent v was/we the arti	imited liability company is not organized under the lainge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	f the registered offic ability company, it of the limited liabili	ce and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in
Signa	ture of a member or authorized representative of a member	<u> </u>	Printed or typed name of signee
I here provisi the obl to mer notifie	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 in this cap performance of my of for in Chapter 60 hereby confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed t the limited liability company has been
Signate			
L	Division of Corporations• P.O. FILING F	Box 6327• Tallaha EE: \$25.00	assee, FL 32314