LIJCGCC 44743

(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
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(Casinoso Linis, Maino,		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Pompano Cater Name of Limit	ing LLC ted Liability Company	
	ten Empliny 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:		
Derek Anderson Name of Person Pompano Caterity LL Firm/Company	<u> </u>	
1000 S. Ocean Blvd, #18J		
Pompano Beach, FL 3306 City/State and Zip Code	2	
E-mail address: (to be used for future annual repor	t notification)	
For further information concerning this matter, please ca	att:	
Derek Anderson at (9)	Area Code & Daytime Telephone Number	
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	
z		

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 Pomipano Catering Name of the limited liability company: 2. (a) 1000 5. Ocean Blud Mailing address of limited liability company: 2170000447 3. Date of filing/registration in Florida Enter name of NEW Registered Agent and/or NEW Registered Office address: Ocean Blvd, Pompano Beach FL 33062 If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of ofganization or the operating agreement of the limited liability company. Derek Signature of a member or authorized representative of a member I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent