## L170000 605 05

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

INHS18 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: Cape Coral Bar Name of Limit	- B - Que LLC ed 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:
Barbara Peden	
Name of Person	
Rib City Group	. 21
Firm/Company	),EUR 17A1
6830 Shoppes at Plantation Drive #2	SECRETARY TO MATE 60
Address	
Fort Myers, FL 33912	
City/State and Zip Code	
bpeden@ribeity.com	
E-mail address: (to be used for future annual report i	notification)
For further information concerning this matter, please call	:
Barbara Peden 239	275-6700
Name of Person	Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	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 amount:	
■ \$25 Filing Fee 5	■ \$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.

(b)	
Principal office address of limited liability company: Mailing address of lin	mited liability company:
	POST OFFICE BOX)
1036 2001013 311031	пис
Cape Coral, FL 33904 Fort Myers, FL 33912	
3-16-2017 L170000	60505
Date of filing/registration in Florida 4. Document number	er
Dina Green	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
6830 Shoppes at Plantation Drive	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	20
Fort Myers Pt. 33912	TAGE I
, rt	三省 第
Barbara Peden	
Enter name of NEW Registered Agent and/or NEW Registered Office address:	2-1 2-1 E
6830 Shoppes at Plantation Drive #2	
	00
Neglisered Wince Address.	• • •
Fort Myers	
rt	
limited liability company is not organized under the laws of the State of Florida, it is hereby to or changes are made, the Florida street address of the registered office and the business office will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed to a state of the marriage of the limited liability company or as a state of the marriage of the limited liability.	fice of the registered ed that the change(s)
ticles of organization or the operating agreement of the limited liability company.	otherwise provided in
Vand Redon Paul Peden	
nature of a member or authorized representative of a member Printed or typed nan	me of signee
eby accept the appointment as registered agent and agree to act in this capacity. I further ag sions of all statutes relative to the proper and complete performance of my duties, and Lam fo	gree to comply with the amiliar with and accept
otigations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this a rely reflect a change in the registered office address, I hereby confirm that the limited liabilit	document is being filed ty company has been
ed in writing of this change.	
ture of Registered Agent	
Fort Myers	Tice of the registered ed that the change(s) otherwise provided in me of signee