

217000071322

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

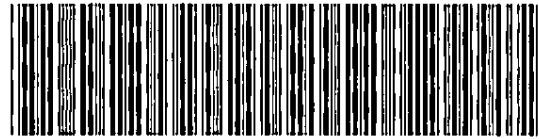
(Business Entity Name)

(Document Number)

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NOV 27 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 6, 2018

MR. KONSTANTINOS CHILIAS  
1429 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139

SUBJECT: FDP LA CAFFE CREPERIE LLC  
Ref. Number: L17000071322

We have received your document for FDP LA CAFFE CREPERIE LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 718A00022910

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FDP LA CAFE CREPERIE LLC  
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:

MR KONSTANTINOS CHILIAS  
Name of Person

FDP LA CAFE CREPERIE LLC  
Firm/Company

1429 WASHINGTON AVENUE  
Address

MIAMI BEACH FL 33139  
City/State and Zip Code

CNEFDINOGR@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KONSTANTINOS CHILIAS at (727) 459 6546  
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

**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

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TALLAHASSEE, FLORIDA

**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. Name of the limited liability company: FDP LACAFFE CREPERIE LLC

2. (a) 1429 WASHINGTON AV (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

MIAMI BEACH FL 33139 119 ST ARMANDS CIR  
SARASOTA FL 34226

3. 3/23/2017 4. L 17000071322  
Date of filing/registration in Florida Document number

5. (a) CHILIAS KONSTANTINOS  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

119 ST ARMANDS CIR  
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

SARASOTA FL 34226

(b) CHILIAS KONSTANTINOS  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1429 WASHINGTON AVENUE  
NEW Registered Office Address:

MIAMI BEACH FL  
33139

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 organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

KONSTANTINOS CHILIAS  
Printed or typed name of signer

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.

[Signature]  
Signature of Registered Agent

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