

217000126496

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

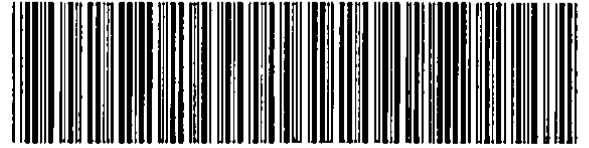
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

JUL 31 2019

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**COVER
LETTER**

TO: Registration Section
Division of Corporations

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:

Name of Person

Raymond John Del Greco

Firm/Company

Forage Hospitality Group LLC

Address

2914 Needle Palm Dr.
Edgewater, FL 32141

City/State and Zip
Code

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

terrabitetruck@gmail.com

For further information concerning this matter, please call: Raymond John Del Greco

at () Name of Person Area Code & Daytime Telephone Number (386) 527-554

STREET/COURIER ADDRESS: MAILING ADDRESS: Registration
Section Registration Section Division of Corporations Division of
Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle
Tallahassee, Florida 32314 Tallahassee, Florida 32301

Enclosed is a check for the following amount:

☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

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
Florida.*

1. Name of the limited liability company: Forage Hospitality Group LLC

2. (a) (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**)

2914 Needle Palm Dr.
Edgewater, FL 32141

3. Date of filing/registration in Florida 4. Document number L17000126496

5. (a)

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

United States Corporation Agents, Inc.
5575 S. Semoran Blvd.
St. # 36 Orlando, FL 32822

(b)

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TALLAHASSEE, FL

Enter name of NEW Registered Agent and/or NEW Registered Office

address: Yolonde Del Greco

NEW Registered Office

Address: 2914 Needle Palm Dr.
Egdewater, Florida 32141

, FL

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.

Raymond John Del Greco Raymond John Del G

Signature of a member or authorized representative of a member Printed or typed name of signee *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 of Registered Agent

Yolonde Del Greco

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

INHS18 (2/14)