

L17000133924

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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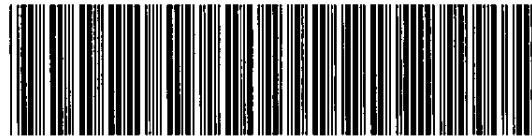
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT
JUL 7 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 212CCS Bistro, 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:

Wilmer A Lopez

Name of Person

212CCS Bistro, LLC

Firm/Company

5741 Crowntree Ln Ste 309

Address

Orlando FL 32829

City/State and Zip Code

sbtworldwide896@gmail.com

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

For further information concerning this matter, please call:

Wilmer A Lopez

Name of Person

at (832) 997-8899

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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**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: 212CCS Bistro, LLC

2. (a) 5741 Crowntree Ln (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

Suite 309

Orlando FL 32829

06/20/2017

L17000133924

3. Date of filing/registration in Florida

4. Document number

5. (a) Alejandra E Izquierdo

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

5741 Crowntree Ln Ste 309 Orlando FL 32829

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

5741 Crowntree Ln Ste 309

Orlando, FL 32829

(b) Alejandra C Izquierdo

Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

5741 Crowntree Ln Ste 309 Orlando FL 32829

NEW Registered Office Address:

5741 Crowntree Ln Ste 309

Orlando, FL 32829

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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.

Wilmer A Lopez

Printed or typed name of signer

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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation 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