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## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Sub					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.				
Please return all correspondence concerning this ma	atter to the following:				
Ronald McCall					
Name of Person	<del></del>				
Sassy Fruit Company, LLC					
Firm/Company	<del></del>				
10320 N 56th Street, Suite 220					
Address					
Temple Terrace, FL. 33617					
City/State and Zip Code					
ronmccalllaw1@aol.com					
E-mail address: (to be used for future annual re	eport notification)				
For further information concerning this matter, pleas	se call:				
Ronald McCall	813 228-7611				
Name of Person	Area Code & Daytime Telephone Number				
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 32301	Tallahassee, Florida 32314				
Enclosed is a check for the following amount:					
■ \$25 Filing Fee	☐ S55 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.

1.10/10		_		ļ	
1. N	ame of the limited liability company: Sassy Fruit C	Compan	y, LLC		
2. (a)	10320 N 56th Street	O	(b) 10320 N 56th Street		
2. (u)	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 220		Suite 22	0	
	Temple Terrace, FL. 33617		Temple	Terrace, FL. 33617	
	July 24, 2017		L1700015	58261	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Ronald McCall				
J. (a	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of State	- ::	
	220 E. Madison Street				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES.	2)	•	
	Suite 500			! 그	
	Tampa FI	33602		FILE	
(b)	Ronald Ma Calf			FILED HID: OF	
	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	3 0	
	10320 N 56th Street				
	NEW Registered Office Address:			-	
	Suite 220		<del></del>		
	Temple Terrace, FI	33617			
the ch agent was/w the art	dimited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of cicles of organization or the operating agreement of the Renald M.C. Carl	f the regi lability co of the line limited	stered office ompany, it is nited liability	e and the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.	
1 here	by accept the appointment as registered agent and ag	ree to ac	t in this can	acity. I further garee to comply with the	
provis the ob to mer	tions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I ed in writing of this change.	perform ed for in hereby c	ance of my o Chapter 605 onfirm that	duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	

Signature of Registered Agent