

L17000 162421

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

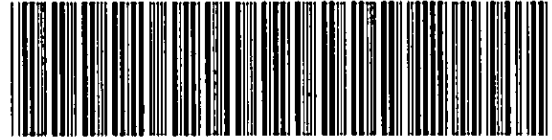
(Business Entity Name)

(Document Number)

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2020 JUN -3 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FL

JUN 19 2020

COVER LETTER

TO: Registration Section
Division of Corporations

Leguminati Foods LLC

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:

Jeremy Joseph

Name of Person

Leguminati Foods LLC

Firm/Company

2330 Chera Ct

Address

Orlando, FL 32806

City/State and Zip Code

jeremy@bean-team.com

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

For further information concerning this matter, please call:

Jeremy Joseph

407

242-9273

at (_____) _____

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

☐ \$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.

Leguminati Foods LLC

1. Name of the limited liability company: 2330 Chera Ct, Orlando, FL 32806 2330 Chera Ct, Orlando, FL 32806

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)*

07/31/2017

L17(XX)162421

3.	Date of filing/registration in Florida	4.	Document number
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5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State
Joseph, Jeremy P

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4449 Steed Terrace

Winter Park	32792
	, FL

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Joseph, Jeremy P

NEW Registered Office Address:
110 Eagle Edge Lane Apt. 314

Winter Springs 32708
_____, 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.

Rebecca Larsen

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

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

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2020 JUN -3 PM 12:19
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TALLAHASSEE, FL