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(Requ	uestor's Name)	
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(City/	State/Zip/Phone	: #)
PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to Fi	ling Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Corner BistRO Name of Limite	ed 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:
Jason Martin Name of Person	
COCNEC BIST(U LL C Firm/Company	
2137 NORTH (OUCTENAY PACKED) Address	VAM 36,37
MERPITI ISLAND FL 32 City/State and Zip Code	95-3
E-mail address: (to be used for future annual report	notification)
For further information concerning this matter, please call	1:
JASON MACTIN at (3) Name of Person	21) 507 - 4563 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

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: COPNER BISICO LLC
2. (a) 2137 NO(D+ CONTENS Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) MERLITT IS(4N) FL 32953 ME(TIT IS(4N) FL 32953
APril 25, 2018 3. Date of filing/registration in Florida 4. Document number 5. (a) UN FIED STATES CORPORATION OF AGENTS TM., Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
13302 WINDING OUT A Registered Office Address (MUST BE FLORIDA STREET ADDRESS) A TAMIDA TO 33617
TAMPA FI 33612 (b) JASON MACTIN Enter name of NEW Registered Agent and/or NEW Registered Office address:
2137 NOCTH COVCT ENRY PACK WAY NEW Registered Office Address: #-36,37
Merritt Island FL 32953
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 of a member TA 50N MAP I'N Printed or typed name of signee
Signalure 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.

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

Signature of Registered Agent