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| (Requestor's Name) | | | | | |
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| (Address) | | | | | |
| (Áddress) | | | | | |
| (City/State/Zip/Phone #) | | | | | |
| | | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies Certificates of Status | | | | | |
| Special Instructions to Filing Officer: | | | | | |
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| Office Use Only | | | | | |



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FILED 2017 NOV 27 PM 4: 29 SECRETARY OF STATE FALLAHASSEE. FLORIDA

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COVER LETTER

TO: **Registration Section Division of Corporations**

LOCAL Appetite, LLC. Name of Limited Liability Compa **SUBJECT:**

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:

Michael Derez Name of Person

LOLAL Appetite LLC Firm/Company

11003 SW 123 ct Address

MiAMI FL 33186 City/State and Zip Code

Mpercz Ø5g@gmail.com E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael Percz_____at (720) 245 8777 Name of Person 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.

| l. Na | me of the limited liability company: LO(| al Appe | tite LLC | |
|--|--|--------------------|--|---|
| 2. (a) | 11003 SW 123 ct | (b) | 11003 51 | w 123 ct |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | imited liability company: POST OFFICE BON |
| | MIAMI, FL 33186 | | | FL 33186 |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | Nov. 13, 2017 Date of filing/registration in Florida | | L 17000 23 | 33815 |
| 3. | | 4. | Document num | iber |
| 5. (a) | Michael Perez | | | |
| | Registered Agent and Registered Office shown on the records of th | e Florida Dept. of | State: | |
| | 11003 SW 112 St | | | ب |
| | Registered Office Address (MUST BE FLORIDA STREET A) | <u>DDRESS)</u> | | MILLINOV 27 |
| | | | | LORE NOV |
| | MIAMI | 33186 |) | 57 27 L |
| | Nichael Paraz | | | |
| (b) | Michael Perez Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> |)ffice address: | | EL FLOR |
| | | | | ORITE POR |
| | 11003 SW 123 ct. | | | T. |
| | <u>NEW</u> Registered Office Address: | | 1 | |
| | | | | |
| | Miami | 33186 | o | |
| If the li | mited liability company is not organized under the laws | s of the State of | f Florida lit is hereb | w confirmed that after |
| the cha | nge or changes are made, the Florida street address of t | he registered of | ffice and the busine | ss office of the registered |
| was/we | vill be identical. Or, in the case of a Florida limited lial re authorized by an affigurative vote of the members of | the limited liab | oility company or as | |
| the arti | cles of organization or the operating agreement of the li | imited liability | · · · | |
| Signat | ure of a member or authorized representative of a member | | Michael Kr Printed or typed n | 102 |
| l herel provision the obli- to mere | by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I he l'in writing of this Adange. | erformance of . | capacity. I further a my duties, and I am | agree to comply with the familiar with and accent |
| Signatur | e of Registered Agent | | | |
| menatut | | ··· | . . | |
| | Division of Corporations• P.O. Be FILING FE | | hassee, FL 32314 | |

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