L1800089580

(Req	uestor's Name)	33331 25	
(Add	ress)		
(Add	ress)		
(City	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			





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07/11/18--01016--009 **\$0.00



N. CAUSSEAUX JUL 2 3 2018

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.

Ploride		
I. Na	une of the limited liability company: SI Food 19	sont LLC
2 (a)	(b)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	11721 Mc Maller loop	
	Rivariew FL 33569.	
2	Date of filing/registration in Florida 4.	L18000089580
3.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida	
	Registered Agent and Registered Office shown on the records of the Florida	Dept. of State:
	11731 MC Mullen Loop Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	KIVENVIEW FL 33309
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	
	Riverview F	<u></u>
	•	560. Jul 188
	FL	2-0-4
(b)	Jomon Joseph	47.
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office add	
	11721 Mc Mallen 100	D œ ',
	NEW Registered Office Address:	2
		co co
	RIVERVIEW ,FL 335	569.
		
If the li	mited liability company is not organized under the laws of the Singe or changes are made, the Florida street address of the regist	State of Florida, it is hereby confirmed that after
agent w	fill be identical. Or, in the case of a Florida limited liability cor	npany, it is hereby confirmed that the change(s)
was/we	ere authorized by an affirmative vote of the members of the limicles of organization or the operating agreement of the limited	ted liability company or as otherwise provided in
r	la non so los a la sa la la companie de la companie	(1 = 1/2 = 1/2 =
Signal	ure of a member of Juthorized depresentative of a member	Printed or typed name of signee
- √ I herel	by accept the appointment as registered agent and agree to act	in this capacity. I further agree to comply with the
provisie the obli to mere	ons of all statutes relative to the proper and complete performa igations of my position as registered agent as provided for in Co lyreflect a change in the registered office address. I hereby co ligh writing of this change.	ner of my dulies, and Lam Jamilial Will and accept
	Down to se bl	
Signation	COL Registered Agent	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE2 \$25.00