118000110004

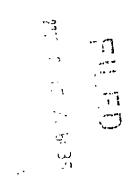
(Requestor's Name)						
(Address)						
(Address)						
(Addicas)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700320752547

11/15/18--01014--005 **25.00



Brick N Spoon Orlando LLC Tasty Foods Document # L18000110604 **Kentrail Davis** 7776 Lower Gateway Loop #2116 Orlando, Florida 32827

Attention to:

Registration Section
Division of Corporations

I am writing this letter as my first name was incorrectly spelled on sunbiz.com. In addition to this letter, I am sending the "Statement of Change of Registered Office Or Registered Agent Or Both For Limited Liability Company" that reflects the accurate spelling of my first and last name, Kentrail Davis.

Should you have any questions, please feel free to contact me at 251-654-1350.

Thank you, Kentrail Davis

COVER LETTER

то:	Registration Section Division of Corporations								
Brick N Spoon Orlando LLC Tasty Foods SUBJECT:									
	Name of Limited Liability Company								
Dear S	Sir or Madam:								
The er	nclosed Registered Agent/Registered Off	ice Change an	d fee(s) are submitted for filing.						
Please	return all correspondence concerning th	is matter to the	e following:						
Kentı	rail Davis								
	Name of Person								
Brick	N Spoon Orlando LLC Tasty Foo	ds		· · · · · · · · · · · · · · · · · · ·					
	Firm/Company								
7776	Lower Gateway Loop #2116			٠.٠					
	Address			.ب زين د .					
Orlar	ndo Florida 32827			~,					
	City/State and Zip Code								
Kentı	raild@yahoo.com								
<u> </u>	E-mail address: (to be used for future and	nual report not	ification)						
For fu	rther information concerning this matter	, please call:							
Kentr	rail Davis	251	6541350						
	Name of Person		Area Code & Daytime Telep	hone Number					
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	R D P	IAILING ADDRESS: Legistration Section Division of Corporations LO. Box 6327 Callahassee, Florida 32314						
	Enclosed is a check for the following	g 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.

1. Na	ame of the limited liability company: Brick N Spoon Orlando LLC Tasty Foods								
2. (a)	7776 Lower Gateway Loop #2116		(b)						
2. (u)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS		(07		ing address of lim				
	Orlando, Florida 32827								
	05/02/2018		L	. 18000	0110604	/			
3.	Date of filing/registration in Florida Kentrail Davis	l	4.	Do	cument numbe	сг			
5. (a)	Registered Agent and Registered Office shown on the r	. of State:							
	7776 Lower Gateway Loop #2116								
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					77.			
	Orlando	FL_32	827			-			
	Kentrail Davis						: : - • :		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					<u>्र</u> .अ	• •		
	NEW Registered Office Address:			<u>. </u>					
	7776 Lower Gateway Loop #2116								
	Orlando	, FL_32	827						
the cha agent v was/w	imited liability company is not organized under ange or changes are made, the Florida street activities and the street activities of a Florida liere authorized by an affirmative vote of the meioles of organization or the operating agreement	ddress of the imited liabil embers of the	registered ity compa ie limited l	d office and ny, it is he liability co	d the business reby confirme ompany or as o	office of d that the	the registered change(s)		
		<u></u>	Ke	EN IRAE	L DAU				
_	ture of a member or authorized representative of a member of a mem		to antical		nted or typed nan	_			
provis. the obj to mer	by accept the appointment as registered agentions of all statutes relative to the proper and cligations of my position as registered agent as ely reflect a change in the registered office add in writing of this change.	complete per	formance.	of my duti	es and Lam Ta	omiliar w	ith and accept		

Signature of Registered Agent