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TO:

INHS18 (2/14)

Registration Section

Divi	ision of Corporations			
SUBJECT:	SNACK VENTURE LLC			
SOBSECT.	Name of Limited Liability Company			
Dear Sir or N	Madam:			
The enclosed	d Registered Agent/Registered Offi	ce Change and fe	e(s) are submitted for filing.	
Please return	n all correspondence concerning thi	s matter to the fol	lowing:	
MELKIN				
	Name of Person			
SNACK V	ENTURE LLC			
	Firm/Company			
13921 SW	/ 13TH STREET			
	Address			
Miami fl 30	3184			
	City/State and Zip Code			
melkin78@	@yahoo.com			
E-mail	address: (to be used for future ann	ual report notifica	tion)	
For further i	nformation concerning this matter,	please call:		
melkin		786	4222291	
	Name of Person	- \-	Area Code & Daytime Telephone Number	
Reg Divi Clift 266	istration Section ision of Corporations ton Building 1 Executive Center Circle ahassee, Florida 32301	Regis Divis P.O. 1	LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, Florida 32314	
Enc	losed is a check for the following	amount:		
5 0 \$	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

(b)	_	,	
	_	,	
		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
4.	Docum	nent number	
Ab a Maralda Dan		# 2	
the Florida Def	st. or State:	ZOID KAY	
4DDRESS)			
	<u>_</u>	A TO	
Office addres	<u>s</u> :		
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,			
`the register ability comp of the limited	ed office and the any, it is hereby I liability compa	is hereby confirmed that after e business office of the registere confirmed that the change(s) any or as otherwise provided in	
mgr	Melkin Brito		
performanc d for in Cha hereby confi	this capacity. I e of my duties, o pter 605 F.S. (or typed name of signee further agree to comply with the and I am Jamiliar with and accep Or, if this document is being filed ted liability company has been	
	office addres Office addres Office addres the registere ability compof the limited liabilimited liabilimit	office address:	