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J. J. 3. 19

COVER LETTER

Division of Corporations			
SUBJECT: Pudge, LLC	ame of Limited 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:			
Bonald Zorger, Nameworkerson Pudge, LLC	5r.		
Firm/Company 4714 Foy Pl. Address	 		
Sarasota, Fe 342 City/State and Zip Code	143		
Slorach 19 @ gmail. Con E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
onald Zorger, Jr Name of Person	at (941) 928 - 6774 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:			
S25 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. N	ame of the limited liability company: Yudge, LLC	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3. 5. (a)	Date of filing/registration in Florida 4.	Document number
` `	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 3001 Manates We. W. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	- -
(b)	Bradenton FL 34205 Bonald Zorger, Jr Enter name of NEW Registered Agent and/or NEW Registered Office address: 4114 Foy Pl NEW Registered Office Address:	FILED MI JUL 23 PM 2: ALLAHASSET TILORIE
If the	Savasota	orida, it is hereby confirmed that after e and the business office of the registered
agent was/w the art Signa	will be identical. Or, in the case of a Florida limited liability company, it is ere authorized by an affirmative vote of the members of the limited liability considers of organization or the operating agreement of the limited liability constitute of a member or authorized representative of a member by accept the appointment as registered agent and agree to act in this capilities of all statutes relative to the proper and complete performance of my ligations of my position as registered agent as provided for in Chapter 60, left reflect a change in the registered office address. I hereby confirm that I in writing of this chapter.	is hereby confirmed that the change(s) by company or as otherwise provided in impany. Coecee JR. Printed or typed name of signee
Signati	are of Registered Agent	

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