## 16000156970

(Requestor's Name)
(Address)
,
/A.d.1
(Address)
(City/State/Zip/Phone #)
_
PICK-UP WAIT MAIL
(D)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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D. SCOTT DEC 1 3 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Finisterie Main	Kéts LLC imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
Lawa Rusell Name of Person	<del></del>	
Finistecte Markets L	<u>LC</u>	
3045 Barna Ave		
TI + US VILLE, FL 327 City/State and Zip Code	780 XLLA	R T
Finishere Markets @ small E-mail address: (to be used for future annual rep	ail. Comport notification)	FILED
For further information concerning this matter, please	e call:	تا ي
Laura Russ-ell at (	321, 289-6129	L S
Name of Person	Area Code & Daytime Telephone Nu	mber
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314	
Enclosed is a check for the following amou	nt:	
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.

I. Na	ume of the limited liability company:Finish	erie	Market	-S LLC	
2. (a)	^				
(*)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)  3045 BALAG AVE	_		ess of limited liability AY BE POST OFFICE BAYAAA	E BOX)
	Titusville, FL 32780		Titusvi		
	11/05/11/4, 1L 32/10		1114501	119, FL	32100
	June 26, 2018  Date of filing/registration in Florida		L1800	0156976	0
3.	Date of filing/registration in Florida	4.	Document		
5. (a)	Kay M Chapman Registered Agent and Registered Office shown on the records of the	he Florida De	ept, of State:		
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
	3045 Barna Avenue			·5 🚓	
	Titusville, FL .FL	327	80		T
(b)	Ethan A Russell			ALLAHASSEE.F	F
	Enter name of NEW Registered Agent and/or NEW Registered (	Office addre	<u>w</u> .	<u> </u>	
	NEW Registered Office Address:	<del></del> .	<del></del>	Q 57 LORIJA	-
	, FL_		<u></u>		
the cha agent v was/we	imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law and a liable.	the register bility comp f the limite	red office and the bi pany, it is hereby co d liability company	usiness office of onfirmed that the or as otherwise	the registered change(s) provided in
Signa	ture of a member or authorized representative of a member		Printed or t	yped name of signee	<del> </del>
I here provisi the obl to mere notified	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a onange in the registered office address. I h d'in writing of fhis change)	ze to act in performand I for in Cha ereby conf	this capacity. I fur se of my duties, and spier 605, F.S. Or, irm that the limited	rther agree to coi l I am familiar wi if this document l liability compan	nply with the ith and accept is being filed y has been
Signatu	re of Registered Agent				

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