## 11800157829

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

Office Use Only



200352073472

DIVISION OF CORPERATIONS TALL ANASSEE. FLURIDA

RECEIVED 2020 SEP IL PM 3: 10

2005 TH PA 1:17

C. GOLDEN SEP 1 5 2020

## DEPARTMENT OF STATE ACCOUNT FILING COVER SHEET SET 16 3: 04

Account Number	FCA00000017	<b>78</b> 0)A			
Date:	9-14-20				
Requestor Name:	Carlton Fields				
Address:	Post Office Drawer 190 Tallahassee, Florida 32302	AUTHORIZED AMOUNT TO DEDUCT FROM ACCOUNT			
Telephone:	(850) 513-3619 - direct (850) 224-1585	s_ 25.00			
Contact Name:	Kim Pullen, CP, FRP				
Corporation Name:	Frost Brands	LIC			
Email Address:					
Entity Number:	L18 000 157 829 Kim Pullen				
Authorization:					
Certified Copy New Filings Fictitious Name	Plain Stamped Copy Amendments	Certificate of Status Annual Report Registration			
(X)Call When Ready	( <b>X</b> )Call if Problem	( ) After 4:30			
(X) Walk In	( ) Will Wait	(X) Pick Up			

CF Internal Use Only

Client 14132 Matter: 40236

Name Ryder Office: MIA

9501656-1

## 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	me of the limited liability company:	SLLC			
2. 1	(a)	955 NW 17TH AVENUE	(	(ъ)	955 NW 17TH AVENUE	
	(₩)	Principal office address of limited liability company:  (Now: MUST BE STREET ADDRESS)  BUILDING J	'		Mailing address of limited liability company:  (None: MAY BE POST OFFICE BOX)  BUILDING J	
		DELRAY BEACH, FLORIDA 33445		-	DELRAY BEACH, FLORIDA 33445	
			<del></del>	-		
		JUNE 28, 2018		L1	8000157829	
3.		Date of filing/registration in Florida	<b>4</b> .		Document number	
5.	(a)					
	/	Registered Agent and Registered Office shown on the records of	the Florid	b D	ept. of State:	
		CORPORATION COMPANY OF ORLANDO				
		Registered Office Address  (MUST BE FLORIDA STREET A	<u>IDDRES</u>	2)	=	
		300 SOUTH ORANGE AVENUE, SUITE 1600			.3	
		ORLANDO , FL	32801			
,	b)	CF REGISTERED AGENT, INC.				
•		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		BY: DANA CHAABAN, AUTHORIZED REPRESENTATIVE			: 17	
		NEW Registered Office Address:			<del></del>	
		100 S. ASHLEY DRIVE, SUITE 400				
		TAMPA FI	33602			
ager was the s	it w wer irtic		registere bility co the lim imited I	ed o omp nitec liabi	office and the business office of the registered any, it is hereby confirmed that the change(s) if liability company or as otherwise provided in litty company.  L. DAY, MANAGER	
		of a member or authorized representative of a member			Printed or typed name of signee	
he o	blis erel	y accept the appointment as registered agent and agre ns of all statutes relative to the proper and complete p gations of my position as registered agent as provided y reflect a change in the registered office address, I he in writing of this change.	e to act erforma for in C ereby co	in i ance haj onfii	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accept over 605, F.S. Or, if this document is being filed rm that the limited liability company has been	
Sign	ature	of Registered Agent				