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Francisco de la companya de la compa To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : PARASEC

Account Number : 120180000086 : (916)576-7000 Phone

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LLC REGISTERED AGENT CHANGE CAKERAZER LLC

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Electronic Filing Menu

Corporate Filing Menu

Help

P.002/002

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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. Name of the limited liability company: CAKERAZER.COM LLC						
				b)		
	` /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		93 DUNE LAKES CIRCLE #G105				
		SANTA ROSA BEACH, FL 32459				
		06/28/2018	_	L180001	58674	
3.		Date of filing/registration in Florida	4.		Document number	
5.	(a)	LEGALINC CORPORATE SERVICES INC.				
	\- <i>\</i>	Registered Agent and Registered Office shown on the records of the	ne Florid	a Dept. of Stat		
		5237 SUMMERLIN COMMONS BLVD STE	400			
		Registered Office Address (MUST BE FLORIDA STREET A.	DDRES	2)	.	
					, 5	
		FORT MYERS ,FL	33907		- 题 麦 三	
	(b)	ROCKET LAWYER CORPORATE SERVICES LLC			6 10	
		Enter name of NEW Registered Agent and/or NEW Registered Office address:				
		155 OFFICE PLAZA DRIVE, 1ST FLOOR			o os	
		NEW Registered Office Address:			~	
					-	
		TALLAHASSEE FL	32301		_	
the age	cha nt y	mited liability company is not organized under the law nige or changes are made, the Florida street address of tall be identical. Or, in the case of a Florida limited liable identical by an affirmative vote of the members of cless of organization or the operating agreement of the limited liable.	he regibility of the limited	stered office ompany, it is nited liability liability con	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.	
				OLL, AUTHORIZED REPRESENTATIVE		
I Signature of a member or authorized representative of a member Printed or typed name of signee						
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. Signature of Registered Agent						

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

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