L18000189062

(Re	equestor's Name)	<u> —</u> :
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	÷ #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-
		}

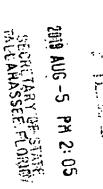
Office Use Only



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RECEIVED AUG 0 5 2019





COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	Paper Straws Limited Liability Company	
3013	Name of Limited Liability Company	
Dear :	Sir or Madam:	4
The e	nclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	1
Mich	nael Zimmer	
	Name of Person	
Pape	er Straws LLC	
	Firm/Company	
1289	Bennett PL	
	Address	
The	Villages, FL 32162	
	City/State and Zip Code	
mike	ez@mjfoods.net	
	E-mail address: (to be used for future annual report notification)	
For fu	orther information concerning this matter, please call:	
Mich	ael Zimmer 405 834-0808	
	Name of Person Area Code & Daytime Telephone Num	ber
	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:	

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

2 \$25 Filing Fee

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.

2. (a)		(h)					
(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 1289 Bennett PL	(0)	PO Box	Mailing address of (Note: MAY B.	f limited liab	oility co	mpany:
	The Villages, FL 32162		Oxford,	FL 34484			
	8/07/18		.180001	89062	· <u>-</u>		
3.	Date of filing/registration in Florida	4.		Document nu	mber		
5. (a)	Registered Agent and Registered Office shown on the records of United States Corporation Agents, Inc.	of the Florida	Dept. of Stat	e:			
	Registered Office Address (MUST BE FLORIDA STREET 5575 S. Semoran Blvd. Suite 36	T ADDRESS)		-			٠.
	Orlando	32822		_			
, (b)	Enter name of NEW Registered Agent and/or NEW Registered Michael Zimmer NEW Registered Office Address:			283 AUG -5 PH 2: 05 SECRETARY OF STATE TALL LAHASSEE, SECORIO			
	The Villages	32162		-	Ę.	ე <u></u>	
he changent was/was/was/was/was/was/was/was/was/was/	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member of the appointment as registered agent and a processing agreement of the appointment as registered agent and a	of the regis: liability cor s of the limi ne limited li Mich	ered offic npany, it i ted liabilit ability cor nael Zimi	e and the busing hereby confusive company or a mer	ness office rmed that as otherw	of the the ch ise pro	e registered ange(s) ovided in
provisi he obi to mer notifie	ions of all statutes relative to the proper and completing the statutes relative to the proper and completing the statutes of my position as registered agent as provided reflect a change in the registered office address. It is writing of this change.	le performa led for in C I hereby co	nce of my hapter 60: nfirm that	duties, and I 5. F.S. Or, if th the limited liat	m familia nis docum bility com	r with ent is pany i	and accep being filed has been

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