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COVER LETTER

TO: Registration Section Division of Corporations											
triviation of Corporations				~ ` 11	110						
SUBJECT: THE	PALLET	BAR	AND	GRITI							
Name 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:											
·	_		Č								
Thomas Missa	- 1 1										
Name of Person											
_											
The Paux BAR AND GRILL											
Firm/Company	y										
125 Parisons Da NW											
125 ROBIN WOUD DR NW Address											
Audress											
FORT WALTON BRACK	4 FL	3254	8								
City/State and Zip Code											
Todon 74143 @ AOL. COM											
E-mail address: (to be used for ru	iture annual repor	t notificatio	n)								
For further information concerning this	s matter, please ca	all:									
T) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	,	20	<i>~</i> 0 ·	77710							
Name of Person	at (<u>Z</u>	350,		2-2210							
name of Person		Arc	ea Code &	Daytime Telep	none Number						
STREET/COURIER ADDRI Registration Section	ESS:		NG ADDE								
Division of Corporations		-	of Corpor								
Clifton Building		P.O. Bo									
2661 Executive Center Circle Tallahassee, Florida 32301	2661 Executive Center Circle Tallahassee, Florida 32314										
Enclosed is a check for the following amount:											
□ \$25 Filing Fee		∕ \$55 Fil	ing 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.

L. Nai	me of the limited liability company: The Parce	et BA	M AND	Geill			
2. (a) _		(h) _					
2. (W) <u>-</u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(<u>:N</u>	ing address of lin	OST OFFICE	BOX)	<u> </u>
	TORT WALTON BEACH FE 325	70		· · / Eg //	7 / NNY	70 2	
	TORT WALTON BRACH TE SC		roki	WALTER	BRACH	72	<u>5</u> 23
_	Aus 13 2018			118ac	19376	6	
3.	Date of filing/registration in Florida	4.	Do	cument numb	er		
(b) <u>-</u>	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AD 13302 WINDING OMK CUICT TAMPA FL. Thomps L. ODONE! Enter name of NEW Registered Agent and/or NEW Registered Office Address: THE REGISTERED OF NEW REGISTERED O	DRESS)	261Z		2019 AUG 22 PM 2: 41		
		32548	7				
the chan agent wi was/wer the artic Signatu I hereby provision the oblig to merel	mited liability company is not organized under the laws age or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of the sof organization or the operating agreement of the line of a member or authorized representative of a member of a member of authorized representative of agent and agree ons of all statutes relative to the proper and complete perations of my position as registered agent as provided for the registered office address, I here in writing of his change.	of the Sta te registere ility comp the limited nited liabi	te of Florid ed office an any, it is he liability compared to the compared this compared the compared this compared the compared this compared this compared the compared this compared the comp	d the business reby confirme ompany or as conv. Obnanted or typed name or the three or typed name or typed name or the three or typed name or the three or typed name or the three or typed name or the typed name or	office of the d that the chotherwise pro	e registe lange(s) ovided in	rred n
Signature	e of Registered Agent						