L18000 208 404

| (Requestor's Name) (Address) | | | | | | |
|---|--|--|--|--|--|-----------|
| | | | | | | (Address) |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Business Ellin, Hulle) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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2020 JAN -8 AM 8: 13

FEB 0 6 2020

S. YOUNG



CSC - WILMINGTON
251 Little Falls Drive
Wilmington De 19808

800-927-9800 302-636-5454 FAX

To: REGISTRATION SECTION DIVISION OF CORPORATIONS

From: Anthony Arthur anthony.arthur@cscglobal.com

Date: January 6, 2020

Order#: 117582/002

Re: FLYNN'S JAX LLC

Enclosed please find:

XX ___ Change of Registered Agent and Office.

XX Check in the amount of \$25.

Please take the following action:

XX File in your office on a routine basis.

XX Issue Proof of Filing.

XX Return Regular Mail in the enclosed envelope.

Attn:Anthony Arthur c/o Corporation Service Company 251 Little Falls Drive Wilmington, DE 19808

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

INCA.XCOA

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: FLYNN'S JAX LL | LC | | | |
|------------------|--------------------------------|--|--|--|--|--|
| 2 | (a) | 1026 W. CENTRAL BLVD | (b) | 1026 W | /. CENTRAL BLVD | |
| | () | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (- <i>/</i> | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | |
| | | ORLANDO, FL 32805 | - - | ORLAND | OO, FL 32805 | |
| | | 08/30/2018 | _ | L1800020 | 08404 | |
| 3. | | Date of filing/registration in Florida | 4. | | Document number | |
| 5 | (a) | NISHAD KHAN, P.L. | | | | |
| If the ag we the | (4) | Registered Agent and Registered Office shown on the records of the | he Florida | Dept. of State | - 2: | |
| | | 617 E. COLONIAL DR. | | | . 2 | |
| | | Registered Office Address (MUST BE FLORIDA STREET A | DDRESS) | DRESS) DRESS) TALLAH TALLAH | | |
| | | ORLANDO, FL_ | 32803 | | JAN -8 AM I | |
| | (b) | Corporation Service Company | | | FLOGA B | |
| | (0) | Enter name of NEW Registered Agent and/or NEW Registered | | | | |
| | | 1201 Hays Street | | • | | |
| | NEW Registered Office Address: | | | | - | |
| | | - | | | | |
| | | Tallahassee, FL_ | 32301 | | - | |
| th ag w | e cha ent v is/we | imited liability company is not organized under the lawinge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited liagre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the legal control of the l | the regis bility co f the lim | ered office upany, it is ted liability | e and the business office of the registere is hereby confirmed that the change(s) y company or as otherwise provided in | |
| | | Lie E Cienie | Jill C | ilmi, Autho | rized Person | |
| | Signa | ture of a member or authorized representative of a member | • | | Printed or typed name of signee | |
| pr th to | ovisi e obl mere | by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete i igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change. | ee to act performa I for in C uereby co | in this cape nce of my c hapter 605 nfirm that | acity. I further agree to comply with the duties, and I am familiar with and accep 5, F.S. Or, if this document is being filed the limited liability company has been | |
| <u>-</u> S | gnatu | re of Registered Agent Corporation Service Company | BY: G | ace E. Kir | rby, Assistant Vice President | |

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