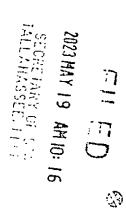
## L18000343368

	(Requestor's Name)
	,
	(Address)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	Filing Officer:
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	72 16
	Filing Officer:  AND PARTS  AND P
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	: 12000000	00195				
	REFERENCE	: 748853	8371158				
	AUTHORIZATION	Jan 18 M	e man				
	COST LIMIT	: \$ 25.00					
ORDER DATE :	May 12, 2023						
ORDER TIME :	11:33 AM						
ORDER NO. : 748853-061							
CUSTOMER NO: 8371158							
				<b>-</b>			
CHANGE OF AGENT							
NAME: BAKED JACKSONVILLE FL OPERATORS LLC							
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FI	LING:				
	FIED COPY STAMPED COPY						
CONTACT PERSO	N: Eyliena Baker	EXT#					

EXAMINER:

## 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.	Name of the limited liability company:	SONVILLE	FL OPER	ATORS LLC	
2. (a	1 South Broad Street Suite 1710 7	(b	(b) 1 South Broad Street Suite 1710		
(.	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	("		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)	
	Philadelphia, PA 1910		Philadelp	hia, PA 19107	
	10/16/2018		L1800024	3368	
3.	Date of filing/registration in Florida	4.		Document number	
5. (	a)				
•	Registered Agent and Registered Office shown on the records o  INCORP SERVICES, INC.	f the Florida	Dept. of Stat	e:	
	Registered Office Address (MUST BE FLORIDA STREET	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	3458 LAKESHORE DRIVE				
	TALLAHASSEE . F	32312 L			
	· ·			E II 2023 HAY 19 SECRETARY TALLAHASSI	
(t					
	Enter name of NEW Registered Agent and/or NEW Registere	d Office add	<u>dress</u> :	19 19 19 19 19 19 19 19 19 19 19 19 19 1	
	Corporation Service Company			ECKETARY OF STELLAHASSECTED	
	<u>NEW</u> Registered Office Address:				
	1201 Hays Street			9 6	
	Tallahassee F	L_32301		-	
chan agen was/	e limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited limere authorized by an affirmative vote of the members rticles of organization or the operating agreement of the	e registere iability cor of the limi	d office and mpany, it is ited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
/s/ Jill Cilmi		Jill C	Silmi, Autho	prized Person	
	nature of a member or authorized representative of a member			Printed or typed name of signee	
provi the o to me notifi	reby accept the appointment as registered agent and ag isions of all statutes relative to the proper and complete bligations of my position as registered agent as provide prely reflect a change in the registered office address, I led in writing of this change.	ree to act : performa :d for in C hereby co	in this cape nce of my c hapter 605 nfirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
<u>X</u>	Inaca C-Kuby  Iture of Registered Agent	Grace E. K	Cirby, Asst.	. Vice President	
Signa	iture of Registered Agènt		-		