

L18000252030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

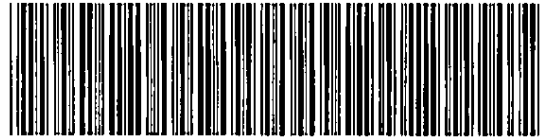
(Business Entity Name)

(Document Number)

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STATE OF TEXAS  
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2018 NOV 19 PM 1:23

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DEC 01 2018  
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Absolute Baking LLC

\_\_\_\_\_  
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:

Sarah Rose Lownes

\_\_\_\_\_  
Name of Person

Absolute Baking LLC

\_\_\_\_\_  
Firm/Company

700 NE 4th Ave

\_\_\_\_\_  
Address

Pompano Beach, FL 33060

\_\_\_\_\_  
City/State and Zip Code

Absolutebakingllc@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Rose Lownes

484

796 3374

\_\_\_\_\_  
Name of Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code & Daytime Telephone Number

**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:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

FILED  
2018 NOV 19 PM 1:26  
CLERK OF CIRCUIT COURT  
JANICE L. STONE  
TALLAHASSEE, FLORIDA

**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: Absolute Baking LLC  
700 NE 4th Ave, Pompano Beach, FL 33060

2. (a) Principal office address of limited liability company:  
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:  
(Note: MAY BE POST OFFICE BOX)

10/26/2018

3. Date of filing/registration in Florida 4. Document number

5. (a) Strategic Tax Consulting INC

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1700 66th ST N Suite 209

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St Petersburg 33710  
FL

Sarah Rose Lownes

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

700 NE 4th Ave

NEW Registered Office Address:

Pompano Beach 33060  
FL

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Sarah Rose Lownes

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]  
Signature of Registered Agent

FILED  
2018 NOV 19 PM 1:28  
TALLAHASSEE, FLORIDA  
STATE DEPT. OF REVENUE