

L18 000 263 389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

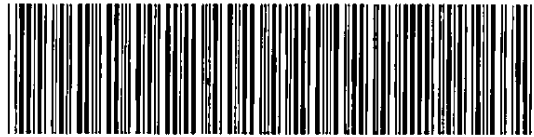
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUN -5 PM 10:05

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: A FRAME RESTAURANT GROUP 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:

GRANT BRYSON
Name of Person

A FRAME RESTAURANT GROUP, LLC
Firm/Company

700 S THOMPSON AVE
Address

LECANTO FL 34461
City/State and Zip Code

GRANT@GTLSALES.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GRANT BRYSON at (352) 586.7070
Name of Person Area Code & Daytime Telephone Number

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

① already
remitted \$35
with initial (incurred)
filing

② Department of State
Cashed 3.29.2023

2023 JUN -5 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FL

**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: A FRAME RESTAURANT GROUP, LLC

2. (a) 700 S THOMPSON AVE (b) SAME

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

LECANTO FL 34461

3. 11-09-2018
Date of filing/registration in Florida

4. L18000263389
Document number

5. (a) KEITH TAYLOR LAW GROUP, P.A.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1143 N LYLE AVE
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

CRYSTAL RIVER FL 34429

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

700 S THOMPSON AVE
NEW Registered Office Address:

LECANTO FL 34461

FL

2023 JUN -5 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

GRANT J BRYSON
Printed or typed name of signer

5.31.2023
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

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