

Florida Department of State
Division of Corporations
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L1800289520

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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : THE KLEIN GROUP
Account Number : 120190000115
Phone : (561) 419-9995
Fax Number : (954) 340-9005

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: gita@theklingroupcpa.com

LLC REGISTERED AGENT CHANGE
ONLY GOOD BITES LLC

Certificate of Status	0
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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: ONLY GOOD BITES LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)
1600 SW 1 AVE
MIAMI, FL 33129

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)
1600 SW 1 AVE
MIAMI, FL 33129

3. 12-18-2018 Date of filing/registration in Florida

4. L18000289520 Document number

5. (a) UNITED STATES CORPORATION AGENTS INC
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
5575 S SEMORAN BLVD SUITE 36
ORLANDO, FL 32822

(b) Enter name of NEW Registered Agent and/or NEW Registered Office address:
THE KLEIN GROUP CPA PA
NEW Registered Office Address:
2300 NW CORPORATE BLVD STE 112
BOCA RATON, FL 33431

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

ANDREA GOMEZ Printed or typed name of signer

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

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