## 4900000 7902

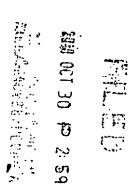
(Requestor's Name)					
(Address)					
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(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	_ Certificate	s of Status			
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	COVER LETTER ( )	
TO: Registration Section Division of Corporations		
Mario's Rapid Food 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:	
Nicolas Hernandez		
Name of Person	<del></del>	
Mario's Rapid Food LLC		
Firm/Company		
28931 SW 147th Ave		
Address	<del></del>	
Homestead FL 33033		
City/State and Zip Code		
mariosrapidfood@gmail.com		
E-mail address: (to be used for future annua	il report notification)	
For further information concerning this matter, p	lease call:	
Nicolas Hernandez	786 369-9717	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301		
Enclosed is a check for the following a	mount:	
☑ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	

## 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.

Name of the li	mited liability company: Mario	's Rapid Food	LLC		
	V 147th Ave	(	))		
Princ	ipal office address of limited liability cor (Note: MUST BE STREET ADDRES)	upany:	Ma	-	nited liability company: OST OFFICE BOX)
Homeste	ead FL 33033	<del>-</del> - ——		·	
01/07/20			 L19000007	'902	······································
	tte of filing/registration in Florid	a 4.	1	ocument numb	er — — — — — — — — — — — — — — — — — — —
(a)	Hernandez				
_	gent and Registered Office shown on the W 147th Ave	records of the Florida	i Dept, of State:		
Registered ()	Office Address (MUST BE FLORIDA	STREET ADDRESS	<u> </u>		
Homeste	ead	FL_33033			
h) Nicolas H	Hernandez Ramos				
	f NEW Registered Agent and or NEW	Registered Office ad	id <u>ress</u> :		
28931 S	W 147th Ave				
	ered Office Address:				
			<u> </u>	100 mg 1755	
Homeste	ead	<sub>FL</sub> _33033			" <del>"</del> ]]4(
change or chan ent will beliden s/were authoriz	hity company is not organized unoughs are made, the Florida street a ical. Or, in the case of a Florida ed by an affirmative vote of the r hization or the operating agreem	iddress of the regi limited liability con nembers of the lin	stered office a ompany, it is l nited liability	ind the burlies: hereby confirm company of its	s office of the registered ed that the change(s)
<i>[ ]</i>	¥	<u>Nic</u>	olas Herna		
wordhy Arcon IN	From authorized representative of a mer pupply interest as registered agen- arytes relative to the proper and my physition as registered agent a clarifie in the registered office a clarific change.	nt and agree to ac	t in this capac	Ptiniéd or ty <del>led</del> na vity. I further a tties, and I am j F.S. Or, if this we limited liabil.	eree to comply with the
gnature of Repster	/X				

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