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**Division of Corporations** 

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number: 120090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

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## LLC REGISTERED AGENT CHANGE

CHEF SAYS, LLC

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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

, 312 W	EST JAYCE WAY	<sub>(b)</sub> 3	12 WE	ST JAYCE W	/AY		
	ncipal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		۸	failing address of limite (Note: MAY BE POS			<b>y</b> ;
SAIN	T AUGUSTINE, FL 32084	S	AINT A	UGUSTINE, FL	32084		
02/27/2	2019	L1	90000	57928			
	Date of filing/registration in Florida	4.		Document number	***************************************		
CORP	ORATION SERVICE COMPANY						
	Agent and Registered Office shown on the records	of the Florida Dep	pt. of State	:			
1201	HAYS STREET						
Registered	1 Office Address (MUST BE FLORIDA STREE	T ADDRESS)					
						20 <b>20</b> MAY	
	<del></del>				<u></u>	===	
TALL	AHASSEE	<sub>FL</sub> 32301			. ;		
Peni	stered Agents Inc.	<sub>FL</sub> 32301			. :	26	
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Registration Regis	Stered Agents Inc. e of NEW Registered Agent and/or NEW Register		<u>×</u> :			26 PH12: 2	:
Registration Regis	stered Agents Inc. e of NEW Registered Agent and/or NEW Registe L 4th St N gistered Office Address:		<u>s</u> :			26 PH12: 2	:
Reginer name 7901 NEW Reginer STE 3	stered Agents Inc. e of NEW Registered Agent and/or NEW Registe  L 4th St N gistered Office Address:  300		<u>s</u> :			26 PH12: 2	
Reginer name 7901  NEW Reginer STE 3  St. For limited lia hange or che will be ide were author	stered Agents Inc. e of NEW Registered Agent and/or NEW Registe  L 4th St N gistered Office Address:  300	red Office addres  FL 33702  laws of the Sta of the register liability comps of the limited	ate of Flo ed office oany, it is d liability ility con	and the business of hereby confirmed company or as oth	ffice of that the	26 PM I2: 22 that afthe regionange	iste (s)

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 sprining of this change.

Signature of Registered Agent

Bill Havre - Assistant Secretary