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SECRETARY OF STATE

Y SULKER DEC 1 6 2019

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: FROST DAIGUIRI BAR 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:								
JEWEL D.A. NICHOLSON Name of Person								
MALGRE TOUT LLC Firm/Company								
5903 LONDON LANE Address								
TAMARAC, FLORIDA 33321 City/State and Zip Code								
FROSTDATUULZEBARQGMAIL. COM E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Name of Person at (646) 379 - 6732 Area Code & Daytime Telephone Number								
STREET/COURIER ADDRESS: MAILING ADDRESS:								
Registration Section Registration Section Division of Corporations Division of Corporations								
Clifton Building P.O. Box 6327								
2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301								
Enclosed is a check for the following amount:								
\$25 Filing Fee & Certified Copy								

INHS18 (2/14)

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. Na	me of the limited liability company: FROST	Dρ	TOUT	T PSF	AR LL	C_	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	1221 M	ailing addres	DIXIE ss of limited lia Y BE POST OF	-	apany:
	A-DT. 202		APT.	202			
	POMPANO BEACH, FL 33060		POMP	ONA	PEAC	H, FI	L 33060
3.	MARCH 5Th 2019 Date of filing/registration in Florida 4	_		OOCUMENT)6266 number	57	
5. (a)	SEYMOUR D. WILLIAMS J Registered Agent and Registered Office shown on the records of the Fl	NR Iorida I	Dept. of State:				
(W)	1221 S DIXIE HWY W Registered Office Address (MUST BE FLORIDA STREET ADDRE 1221 S DIXIE HWY W, AP		 202				
(b)	POMPANO PEACH FLS: TENIEL O · A · NTCi+CLSON Enter name of NEW Registered Agent and/or NEW Registered Office				SECRETARY OF TALLAHASSEF.F	2019 NOV 18 PM	
	NEW Registered Office Address: 5905 LONDON LANE,				STATE	112: 16	O
	TAMARACFL 3	33	321				
the cha agent v was we	imited liability company is not organized under the laws of inge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabilit ere authorized by an affirmative vote of the members of the cles of organization or the operating agreement of the limit	regist ty cor e limi	ered office npany, it is ted liability	and the bu hereby con company	isiness office nfirmed that	e of the the cha	registered nge(s)
Signa	ture of a member or authorized representative of a member	5	EYMO	AC O	ped name of si	TAIN gnee	15 JNR
I here provise the obl to mer notifie	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfligations of my position as registered agent as provided for ely reflect a change in the registered office address, I here is the property of this change. The of Registered Agent	o act forma	in this capa nce of my d	city. I fur luties, and	ther agree to I am familia	o compl or with a	y with the and accept