Page: 1/2

Division of Corporations

From: Registered Agents Inc.

Fax: 8134365206



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000026144 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number

: (813)436-5206

Enter the email address for this business entity to be used for future the email address please.

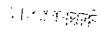
mail	Address:		 	

LLC REGISTERED AGENT CHANGE **CHIMI GRINGO'S LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help



1/19/2024 05:33:34 PST_ To: 18506176383 Page: 2/2 From: Registered Agents Inc Fax: 8134365206

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	ame of the limited liability company: Chimi Gringo's	LLC	
2 (a)		(b)	
- - (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(3)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	04/01/19	L190	00089145
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	UNITED STATES CORPORATION AGENTS, INC.		
. (11)	Registered Agent and Registered Office shown on the records 476 RIVERSIDE AVE.		
	Registered Office Address (MUST BE FLORIDA STREE	2024 JAN 19 AN TALLAHASSI	
	JACKSONVILLE	FL 32202	
(b)	Registered Agents Inc		FL FL
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	red Office address	:
	7901 4th St N		
	NEW Registered Office Address:		
	STE 300		and the same of th
	St. Petersburg	33702 FL	
the cha agent v was/was/washe	imited liability company is not organized under the ange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the street of the	of the registered I liability compa rs of the limited	d office and the business office of the registered by, it is hereby confirmed that the change(s) liability company or as otherwise provided in
	ture of a member or authorized representative of a member	Robin Jor	
			Printed or typed name of signee
provisi the obl to mer	by accept the appointment as registered agent and a tions of all statutes relative to the proper and completigations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change. Despit Roberts Assistant	ete performance ided for in Chap . I hereby confir	tus capacity. I further agree to comply with the of my duties, and I am familiar with and accepter 605, F.S. Or, if this document is being filed m that the limited liability company has been

Signature of Registered Agent