

L19000 103 235

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

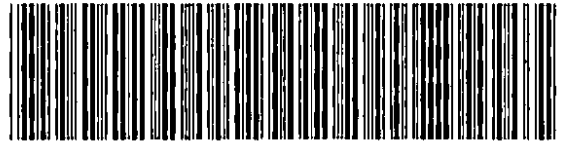
(Business Entity Name)

(Document Number)

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: update manager and zip code

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:

Dorel Patterson

Name of Person

Firm/Company

4441 Lenox Blvd

Address

Orlando FL 32811

City/State and Zip Code

nbselijah@hotmail.com and dorelpatterson@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dorel Patterson

at (321) 287-0641

Name of Person

Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comp. 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: VINCENT ISLAND CUISINE LLC
2. (a) 4441 LENOX BLVD,
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
ORLANDO, FL 32811
- (b) 4441 LENOX BLVD,
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
ORLANDO, FL 32811
3. 02/18/2019 Date of filing/registration in Florida
4. L19000103235 Document number
5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Dorel Patterson
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
4441 Lenox Blvd
Orlando, FL 32811
- (b) Dorel Patterson
Enter name of NEW Registered Agent and/or NEW Registered Office address:
4441 Lenox Blvd
NEW Registered Office Address:
Orlando, FL 32811

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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.

Dorel Patterson
Signature of a member or authorized representative of a member

Dorel Patterson
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.

Dorel Patterson
Signature of Registered Agent