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(Requestor's Name) (Address)	100333102351
(Address) (City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	08/15/19-1
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Office Use Only	
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FLORIDA DEPARTMENT OF STATE Division of Corporations

August 21, 2019

VIBE SEAFOOD OYSTER BAR LLC 8810 CORPORATE SQAURE CT., SUITE 107 JACKSONVILLE, FL 32216

:

SUBJECT: VIBE SEAFOOD OYSTER BAR LLC Ref. Number: L19000124436 2019 AUG

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We have received your document for VIBE SEAFOOD OYSTER BAR LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION, but your entity is a LLC. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III

Letter Number: 119A00017290

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee Florida 32314

COVER LETTER

TO: Registration Section Division of Corporations

VIBE SEAFOOD OYSTER BAR, LLC SUBJECT:

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:

TERENCE N. THURSON

Name of Person

THURSON ACCOUNTING SERVICES, INC.

Firm/Company

8810 CORPORATE SQUARE CT., STE. 107

Address

JACKSONVILLE, FL 32216

City/State and Zip Code

TNTRLT1@BELLSOUTH.NET

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

For further information concerning this matter, please call:

TERENCE N. THURSON	904	764-7717
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 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.

. Na	ame of the limited liability company:			
. (a)	3610 BLANDING BLVD	(b) 3	3610 BLANDING BLVD.	
()	Principal office address of limited liability compa- (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compan (Note: MAY BE POST OFFICE BOX)	-
	JACKSONVILLE, FL 32210		JACKSONVILLE, FL 32210	
	05/07/2019	 L1	19000124436	
5. 6. (a)	Date of filing/registration in Florida JAHMAL BROWN	4.	Document number	
. ()	Registered Agent and Registered Office shown on the rec	ords of the Florida De	ent of State	
	8977 REDTAIL DRIVE		ch. of State.	
		·· ·		
	8977 REDTAIL DRIVE	·· ·		
(b)	8977 REDTAIL DRIVE Registered Office Address (MUST BE FLORIDA ST	REET ADDRESS)		
(b)	8977 REDTAIL DRIVE Registered Office Address (MUST BE FLORIDA ST. JACKSONVILLE	<u>REET ADDRESS)</u> , FL, FL		
(b)	8977 REDTAIL DRIVE Registered Office Address (MUST BE FLORIDA ST JACKSONVILLE HENRY H. ZHENG	<u>REET ADDRESS)</u> , FL, FL	2019 AUG	
(b)	8977 REDTAIL DRIVE Registered Office Address (MUST BE FLORIDA ST JACKSONVILLE HENRY H. ZHENG Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>REET ADDRESS)</u> , FL, FL		

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.

Jahmal Brown Printed or typed name of signee

Signature of a member or authorized representative of a member

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.

Signature of Registered Agent

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