## 119000/60257

(Requestor's Name)		
(Address)		
•		
(Address)		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nan	ne)
(Document Number)		
Certified Copies	Certificates	s of Status
	_	
p		
Special Instructions to Filing Officer:		

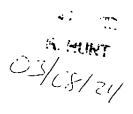
Office Use Only



400424896964

03/08/24--01019--021 \*\*25.00

7834HAR -8 AN 7:29



## 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.

TRIFICIO.	
1. Name of the limited liability company: 1CHEF FOR	Y521 110
2. (a) 5774 NW 49th LN	1) 5774 NW 49# CN
Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
COCONUT CREEK, FR	COCONUT CREEK, FL
33073	33073
6/18/2019	L 19800160257
3. Date of filing/registration in Florida 4.	Document number
5. (a) WWITELD STATES CORPORATION FIG.  Registered Agent and Registered Office shown on the records of the Florid	
Registered Office Address <u>(MUST BE FLORIDA STREET ADDRESS</u> 476 RIVER'SIDE AVE  TACKSON VILLE FI. 3	ZZOZ RAZ RAZ RAZ RAZ RAZ RAZ RAZ RAZ RAZ RA
(b) KICHIARD VASHINA, JR Enter name of NEW Registered Agent and/or NEW Registered Office ad  RICHARD VASHINA JR	Idress: 7: 29
NEW Registered Office Address: 5774 NW 4972 LN	
COCONUT CREEK .FI. FL	330 75
If the limited liability company is not organized under the laws of the the change or changes are made, the Florida street address of the regiagent will be identical. Or, in the case of a Florida limited liability e was/were authorized by an affirmative vote of the members of the lin the articles of organization or the operating agreement of the limited	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in liability company.
Signature of a member or supported representative of a member	KICHARD VA 5HINA Printed or typed name of signee
I hereby accept the appointment as registered agent and agree to ac provisions of all statutes relative to the proper and complete perform the obligations of my position as registered agent as provided for in to merely reflect a change in the registered office address. I hereby constituted in writing of his change.	t in this capacity. I further agree to comply with the tance of my duties, and I am familiar with and accept Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been

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

a Vasi

Signature of Registered Agent

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: ICHEF FOR YOU Name of L	imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to the following:	
RIGHARD VASHINA, JR Name of Person	2678	
i CIAF FOR YOU Firm/Company		
5774 NW 495 LN Address	2571, BAR -8 AM 7: 30 2571, BAR -8 AM 7: 30 AMASSEE, FL	
COCONUT CREEK, FL City/State and Zip Code	<u>3307</u> 3	
E-mail address: (to be used for future annual rep	port notification)	
For further information concerning this matter, please		
KICHARIS at (	)	
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 amou	ent:	
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy	