

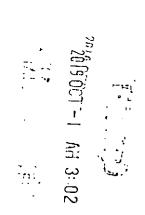
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
l				

Office Use Only



500333643785

The Control of the Control of the Control



R WRITE 001 0 2 2013

## COVER LETTER

то:	Registration Section Division of Corporations				
SUBJE	TACOS WAY LLC  Name of Limited Liability Company				
() O I Juli					
Dear Si	ir or Madam:				
The end	closed Registered Agent/Registered Offic	ce Change and fee(s) are submitted for filing.			
Please	return all correspondence concerning this	s matter to the following:			
VILLA	ALOBOS NUNEZ, LUZ MARIA				
	Name of Person				
TACC	OS WAY, LLC				
<del></del>	Firm/Company	<del></del>			
2310	S HIGHWAY 77, SUITE 130				
	Address				
LYNN	I HAVEN, FL 32444				
	City/State and Zip Code				
	+avorojo @ smail. (cm -mail address: (to be used for future annu				
For fur	ther information concerning this matter,	please call:			
GUST	Name of Person	_at ( <u>562 ) 537 6005</u> 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	S55 Filing Fee & Certified Copy			
INHST	8 (2/14)				



## FLORIDA DEPARTMENT OF STATE Division of Corporations

September 17, 2019

VILLALOBOS NUNEZ, LUZ MARIA 2310 S HWY 77 STE 130 LYNN HAVEN, FL 32444

SUBJECT: TACOS WAY LLC Ref. Number: L19000163926

We have received your document for TACOS WAY LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Letter Number: 819A00019263

Rebekah White Regulatory Specialist II Supervisor

S

www.sunbiz.org

## 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.

Nas	me of the limited liability company: TACOS WAY	LLC	
. (4) .	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2310 S HIGHWAY 77 SUITE 130	2310	S HIGHWAY 77 SUITE 130
	LYNN HAVEN, FL 32444	LYNN	I HAVEN, FL 32444
	6/21/19	L19000	0163926
	Date of filing/registration in Florida	÷.	Document number
	Registered Agent and Registered Office shown on the records of ILLALOBOS NUNEZ, LUZ MARIA  Registered Office Address  2310 S HIGHWAY 77 SUITE 130		
	LYNN HAVEN , FL	32444	2019
(b)	Enter name of NEW Registered Agent and/or NEW Registered GUSTAVO ROJO MGR  NEW Registered Office Address:	Office address:	2019 OCT - 1 1 1 3: 02
			<del></del>
cha ent w s/we arti	imited liability company is not organized under the la nge or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the first of a member or authorized representative of a member	f the registered of ability company, of the limited liab limited liability	ffice and the business office of the register it is hereby confirmed that the change(s) bility company or as otherwise provided in
- perel pvisi pobl mere	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I im writing of this change.	to sout in this	annagity I firether garge to comply with t