L19000 264 788

(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:						

Office Use Only



600335925716

11/14/19--01009--020 **25.00



Y SULKER DEC 1 0 2019

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: Edge of Paradise LLC 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:						
Mery Ritchie Name of Person						
Firm/Company						
6255 Champions Row St.						
Bradenton, FL. 34210						
Bradenton FL 34210 City/State and Zip Code Mery I ritchie a gmail (om E-mail address: (to be used for future annual report notification)						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Meryl Ritchie at (201), 452-1919						
Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building P.O. Box 6327 Clifton Executive Center Circle Tallahassee, Florida 32301 Area Code & Daytime Telephone Number MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Finchesed is a check for the following amount:						

\$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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. Name of	the limited liability co	mpany: Edge c	of Pc	radise,	LLC
	255 Cha	moions Ru	NW St.		ame)
B	Principal office address of (Note: MUST BE S			Mailing address of limited liab (Note: MAY BE POST OF	
		34 210			
					
	10/22/19		1190	00026478	8
3.	Date of filing/regist	ration in Florida 4.		Document number	
5. (a) Lini Registe	red Agent and Registered O	5 Corporation Office shown on the records of the Flo	Agen	19, Inc	
557	5 5 9 Fir	icran Blud	- 36		
	ered Office Address (ML	ST BE FLORIDA STREET ADDRI		-	
Or	·	L 37825		~1	
<u> </u>	1 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<u> </u>	7	ALL:	201
		, FL			AON 61.22
(b) <u>K</u>	obert	Bodey		ć	
Enter n	ame of NEW Registered A	gent and/or NEW Registered Office	address:	~~~ 	
	55 Ch	umpions	Rou		
10x	_	PO FL	3 46	210	
	<u>-</u>	1			
		, FL			
If the limited	iability company is no	t organized under the laws of t	ha Stata of 11-	utali tati t	
agent will be i was/were auth	dentical. Or, in the cas orized by an affirmativ	t organized under the laws of the Florida street address of the rese of a Florida limited liability to vote of the members of the light agreement of the limited	gistered office company, it is imited liability	and the business office of hereby confirmed that the company or as otherwise	of the registered
haer	member or authorized repres	the 1	Mery	Printed or typed name of sign	<u>C</u>
the obligation.	of the appointment as rail statutes relative to us of my position as regions of the regions of this change	registered agent and agree to a the proper and complete perfor stered agent as provided for in stered office address, I hereby	uct in this capa mance of my d 1 Chapter 605, confirm that t		
Signature of Reg	stered Agent				

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