L200000 40442

(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:								
Special instructions to raining officer.								
J. HORNE								
MAR 2 8 2022								

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· COVER LETTER

TO: Registration Section Division of Corporations					
Spirited Slices LLC SUBJECT:					
	ited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to	to the following:				
Norma Jean Dowd					
Name of Person					
InTouch Business Services Corporation					
Firm/Company					
39146 Otis Allen Road					
Address					
Zephyrhills FL 33540-3078					
City/State and Zip Code					
Jean.Dowd@InTouchBusinessServices.com					
E-mail address: (to be used for future annual report	t notification)				
For further information concerning this matter, please ca	u:				
Jean Dowd 50" at (7 313-3162				
Name of Person	Area Code & Daytime Telephone Number				
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
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.

1.	Na	me of the limited liability company: Spirited Slices LL							
2	(a)			(b)					
2. (4)	(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0,	Mailir	ng address of limi ote: MAYBE PO	ted liabi	ility cor	npany:
		39146 Otis Allen Road			39146 Otis Alle	Ailen Road			
		Zephyrhills, FL 33540-3078	<u></u>		Zephyrhills, FL				
		2/3/2020		I	.0000040442				
3.		Date of filing/registration in Florida	4.	-	Doc	ument number	-		
5.	(a)	Registered Agents, Inc.							
٠.	(α)	Registered Agent and Registered Office shown on the records of t	the Flori	ida	Dept. of State:				
		Registered Office Address (MUST BE FLORIDA STREET A	ADDRE.	<u>SS)</u>					
		7901 4th Street N, Suite 300						~	
		St. Petersburg , FL	33702	3702					
Œ	(b)	InTouch Business Services Corporation					SECRETARY OF STALLARASSET, FL	2022 MAR 1.	
	(0)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					C)		
							ii : ::^	AH 11: 2	
		NIPMOR CO. LONG. A LI			 		. :	2	
		NEW Registered Office Address:						Q	
		39146 Otis Allen Road							
		Zephyrhills FL	33540-	30	78				
cha age wa	ange ent v s/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liatere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registe bility of f the li limited	erec cor mi H lia	d office and the opposite it is here to the following the	business office by confirmed npany or as ot	e of th that th	e regi: ie chai	stered nge(s)
		ure of a member or authorized representative of a member	No.	m	a Jean Dowd		,		
		•				ted or typed name			
pro the to	ovisi e obl mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	ee to a perfori I for in pereby	ct i na. : Ci coi	n this capacity, nce of my dutie hapter 605, F.S Ifirm that the li	. I further agr s, and I am far S. Or, if this do imited liability	ee to c niliar v cumer compo	omply with a nt is be any ha	with the nd accept eing filed is been
Si	<u>/ (/</u> gnatu	re of Registered Agent							