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(F	Requestor's Name)	,
	Address)	
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(A	Address)	-
(C	City/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(E	Business Entity Na	me)
(C	Document Number)
Certified Copies	Certificate	s of Status
Special Instructions to	to Filing Officer:	
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PILED 1022 APR -4 PH 2:4 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
•	
SUBJECT: Choice Fresh	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/F	egistered Office Change and fee(s) are submitted for filing.
Please return all correspondence	concerning this matter to the following:
Lawrence Egharevba	
Name of	Person
Choice Fresh Foods LLC	
Firm/Co	npany
1317 Edgewater Dr. #394	
Addre	.s
Orlando, FL 32804	
City/State as	d Zip Code
ChoiceFreshFoods77@gr	nail.com
E-mail address: (to be used	for future annual report notification)
For further information concerni	ig this matter, please call:
Lawrence Egharevba	469 456-6596
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER A	DDRESS: MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	
Clifton Building	P.O. Box 6327
2661 Executive Center C Tallahassee, Florida 323	
Enclosed is a check for	the following amount:
S25 Filing Fee	S55 Filing Fee & Certified Copy
INHS18 (2/14)	

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

	Choice F	resh Food	ls LLC	
Na	me of the limited liability company:			
)_	Principal office address of limited liability compa (Note: MUST BE STREET ADDRESS) 1317 Edgewater Dr. #3944	(ESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1317 Edgewater Dr. #3944
	Orlando, FL 32804			Orlando, FL 32804
	5/13/2020			L20000129888
	Date of filing/registration in Florida Lawrence Egharevba		4.	Document number
	9931 W. Flagler Street Apt 525			
	Registered Office Address (MUST BE FLORIDA ST 9931 W. Flagler Street Apt 525			
	Miami	, FL 33 — —	3174	2022 SEC TALL
) .	Kelly Miller			ARE A
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u>	<u>zistered Of</u>	Tice addi	SE AY
	131 / Edgewater Dr			그 프 <u>- 기 - 기 - 기 - 기 - 기 - 기 - 기 - 기 - 기 - </u>
	1317 Edgewater Dr NEW Registered Office Address:			PH 2: LI OF STATE E. FLORE
		, FL	3280	12:41 FLC::::
hai I w we	Orlando Mited liability company is not organized under nge or changes are made, the Florida street add will be identical. Or, in the case of a Florida lim	the laws lress of th ited liabil nbers of t	of the e regist ity com he limi	State of Florida, it is hereby confirmed that aftered office and the business office of the register of liability company or as otherwise provided in ability company.
hai t w we rtic	Orlando mited liability company is not organized under nge or changes are made, the Florida street add vill be identical. Or, in the case of a Florida limiter authorized by an affirmative vote of the mer	the laws lress of th ited liabil nbers of t	of the e regist lity com he limi nited lia	State of Florida, it is hereby confirmed that aftered office and the business office of the register opany, it is hereby confirmed that the change(s) and liability company or as otherwise provided it

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