L20 000 143 839

(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:								
J. HORNE								
JAN 3 1 2023								
JWI4 2 1 S052								
								

Office Use Only



100396915961

11/03/22--01009--015 *+25.00





COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations MS. TRIPPY'S EMPORIUM LLC SUBJECT: 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: Ryan Lefler Name of Person Homrich Berg Firm/Company 3835 PGA Blvd STE 307 Address Palm Beach Gardens, FL 33410 City/State and Zip Code amy.owen@homrichberg.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 536-3052 Ryan Lefler 561 at (Name of Person Area Code & Daytime Telephone Number Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 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 I LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability comsubmits the following statement in order to change its registered office or registered agent, or both, in the State of Flo

1.	Na	ame of the limited liability company: MS. TRIPPY'S E	MPORI	IUN	4 LLC				
2.	(a)	275 S US Highway 17 92		(b)	3835 PGA BL	LVD			
	(-/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)	Mai	iling address of lin Note: MAY BE P		-	• •
		LONGWOOD, FL 32750	_		PALM BEAC	H GARDENS, I	L 33410	<u>-</u>	
		05/27/2020		I	.20000143839				
3.		Date of filing/registration in Florida	4.	_	Do	ocument numbe	r	.	
5.	(a)	Catherine Cunco					_ '	_	
	(u)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 1401 GREEN COVE					SECRET ALLAHA	2022 NOV	Ţ
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRE</u>	(SS)			ARY OF	င်္သ	
		WINTER PARK, FL	32789	, 	<u></u>			AH II:	D
	/L\	Amy Owen						7	
	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	lress:				ę
		PALM BEACH GARDENS							
		NEW Registered Office Address:			•				
		STE 307							
		PALM BEACH GARDENS, FL	33410						
ch ag wa the ———————————————————————————————————	ange ent v is/we e arti Signa here ovisi e obl mere	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ture of a member or authorized representative of a member by accept the appointment as registered agent and aground of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I have a provided the proper and complete ligations of this change.	registe ability of the limited Ca	erections imitathe	d office and the mpany, it is he ted liability comparerine Cuneo Property of the control of the	ne business officereby confirmed on typed name typed na	ce of the d that the therwise he of signe	e regis e chan e prov	tered ge(s) ided in
<u> </u>	\mathcal{L}	Ing Owen							