

L20 000 198722

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

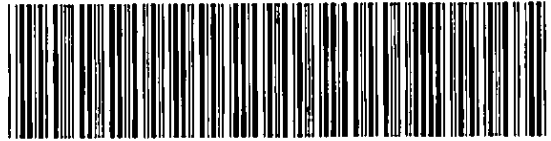
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TALLAHASSEE, FL

Ra Chang

JUL 26 2021

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Andaman & USA 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:

Usa Lobo

\_\_\_\_\_  
Name of Person

Andaman Asian Cuisine

\_\_\_\_\_  
Firm/Company

4010 US-1 #121

\_\_\_\_\_  
Address

St. Augustine, FL 32086

\_\_\_\_\_  
City/State and Zip Code

usak2626@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Adams

904

214-6603

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

INHS18 (2/14)

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MAR 03 2021



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2021

USA LOBO  
ANDAMAN ASIAN CUISINE  
4010 US-1 #121  
ST AUGUSTINE, FL 32086

SUBJECT: ANDAMAN & USA LLC  
Ref. Number: L20000198722

We have received your document for ANDAMAN & USA LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

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.

Diane Cushing  
Senior Section Administrator

Letter Number: 921A00012269

RECEIVED

2021 JUL -6 PM 4:08

**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 company: Andaman & USA LLC

2. (a) 4010 US-1 #121 (b) 4010 US-1 #121

Principal office address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:  
(Note: **MAY BE POST OFFICE BOX**)

St. Augustine, FL 32086

St. Augustine, FL 32086

2/26/2021

L20000198722

3. Date of filing/registration in Florida

4. Document number

5. (a) REWAT KAMBAMRUNG

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

324 LENA STREET

ST. AUGUSTINE, FL 32084

(b) USA LOBO

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4010 US-1 #121

St. Augustine, FL 32086

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

USA LOBO

Printed or typed name of signee

*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.*

X [Signature]  
Signature of Registered Agent

**FILED**  
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