Florida Department of State 6242

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Fmail	Address:					
	VAGT 633'	_	_			

LLC REGISTERED AGENT CHANGE COFFEE BY KEE, LLC

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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

1. Na	ame of the limited liability company: Coffee by	Ke	e, LLC			
2. (a)		(o)			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	- '		failing address of limited lia (Note: MAY BE POST Of		
	7901 4th St N STE 300	_	7901 4t	h St N STE 300		
	St. Petersburg FL 33702	_	St. Peter	sburg FL 33702		
	07/22/2020		L20000	0216242		
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	THOMPSON, KENISHA					
. (Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of State:	:		
	Registered Office Address (MUST BE FLORIDA STREET AI 481 ADAMS VIEW LN	DDRES.	<u></u>			
	Auburndale	3382	3		2023	
(b)	Registered Agents Inc				2023 HAY 16	
(0)	Enter name of NEW Registered Agent and/or NEW Registered C	Enter name of NEW Registered Agent and/or NEW Registered Office address:				
	7901 4th St N				PH 5:	
	NEW Registered Office Address					
	STE 300				ω	
	St. Petersburg	370	2			
the cha agent v was/we the arti	imited liability company is not organized under the laws inge or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liabere of a member or authorized representative of a member.	he regi sility c the lin mited	stered office ompany, it is nited liability liability com bin Jones	and the business office hereby confirmed that company or as otherw pany.	of the registere the change(s) ise provided in	

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.

David Roberts - Assistant Secretary

Signature of Registered Agent