

K20000240248

(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:

10/20/21

Office Use Only 10/21/21



900373854829

03/27/21--01032--005 \*\*25.00

FILED  
2021 OCT 20 AM 8:55  
SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

2021 OCT 20 PM 12:25

October 6, 2021

EVELYNE FRANCOIS  
8622 RIDGEMER COURT  
ORLANDO, FL 32818

SUBJECT: TASTE BY EVELYNE LLC  
Ref. Number: L20000240248

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Querida R Silas  
Regulatory Specialist II

Letter Number: 221A00024188

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Taste By Evelyne 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:

Evelyne Francois

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

Catering

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

8622 RIDGEMER COURT

\_\_\_\_\_  
Address

Orlando/Florida 32818

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

fevelync78@gmail.com

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

For further information concerning this matter, please call:

Evelyne Francois

at ( 407 ) 509-1533

\_\_\_\_\_  
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. Name of the limited liability company: Taste By Evelyn LLC

2. (a) 8622 RIDGEMER COURT

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

ORLANDO, FL 32818

(b) 8622 RIDGEMER COURT

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

ORLANDO, FL 32818

08/07/2020

L20000240248

3. Date of filing/registration in Florida

4. Document number

5. (a) TOUSSAINT, VIANISE

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

8622 RIDGEMER COURT ORLANDO, FL 32818

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

8622 RIDGEMER COURT

Orlando, FL 32818

(b) Evelyn Francois

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

**NEW Registered Office Address:**

8622 RIDGEMER COURT

Orlando, FL 32818

**FILED**  
**2021 OCT 20 AM 8:55**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FL**

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.

Evelyn Francois  
Signature of a member or authorized representative of a member

Evelyn Francois

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.*

Evelyn Francois  
Signature of Registered Agent