L20 000298558

| (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: | | | | | | |
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R. WHITE NOT 19 CO

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. N | ame of the limited liability company | · Hominguay | winetigo | u Bar Lounge | للر |
|-----------------------------|--|---|---|---|---|
| 2. (a) | 126 W Ruby St | • • | (b) | | |
| | Principal office address of limited (Note: MUST BE STREET | | | Mailing address of limite | |
| | Tayares FL | | | Same | |
| | 32778 | | | | |
| | 9/22/20 Date of filing/registration | | <u> </u> | 000002985 | 58 |
| 3. | Date of filing/registration | in Florida | 4. | Document number | |
| 5. (a) | Tose Acevedo (Registered Agent and Registered Office sl | | e Florida Dept. of | State: | |
| | Desire Bestourant & | 011000 (00000) | 100 | | - ش ا |
| | Registered Office Address (MUST BE | | | | - |
| | 3848 S Oalando | Dr | | | |
| | Sanfard | , FL | 32773 | | ·~ |
| | | • | | | |
| (b) | Kenneth Hodrew T Enter name of NEW Registered Agent an | | office address: | | 2.11.2 |
| | and have of the stage of the st | N. O | itte uddi egs. | | ~ |
| | 126 W Ruby S | 5+ | <u>.</u> | | |
| | NEW Registered Office Address: | | | | |
| 12 shows e FRQ BRAG | | | | | |
| | Taxares | FI. | 3 2778 | ζ | |
| | | | | - | |
| change agent was/w | limited liability company is not orga c or changes are made, the Florida s will be identical. Or, in the case of fere authorized by an affirmative vot icles of organization or the operatin | treet address of the ro a Florida limited liab to of the members of | egistered office ility company, the limited lial mited liability | e and the business office it is hereby confirmed t bility company or as othe company. | of the registered hat the change(s) erwise provided in |
| Ge. | dure of a member or authorized representati | | Jose A | Printed or typed name of | Colonas |
| / | | | | | |
| provis the ob- to mer | by accept the appointment as regist ions of all statutes relative to the pr ligations of my position as registere elv reflect a change in the registere of in writing of this charge. | ered agent and agrec oper and complete po d agent as provided j d office address, I he | o to act in this erformance of for in Chapter rehy confirm t | capacity. I juriner agreemy duties, and I am Jam 605, F.S. Or, if this dochat the limited liability c | e to compty with the iliar with and accept ument is being filed company has been |
| Signati | are of Registered Agent | | | | |