

120 000248635

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

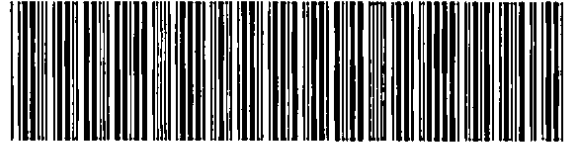
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FL

2021 SEP 21 AM 8:25

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2021 SEP 21 AM 11:44

FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 2, 2021

HAYDEE CALDERON
12114 SUMTER DR
ORLANDO, FL 32824

SUBJECT: TOP CHEF X-PRESS, LLC
Ref. Number: L20000298635

We have received your document for TOP CHEF X-PRESS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a PROFIT CORPORATION, but your entity is a LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

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.

Catherine M Brumbley
Regulatory Specialist II

Letter Number: 921A00021227

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Top Chef X-press, 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:

Jesus R. Calderon
Name of Person

Top Chef X-press, LLC
Firm/Company

12114 Sumter Drive
Address

Orlando FL 32824
City/State and Zip Code

TopChefxpress@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jesus R. Calderon at (321) 436-4196
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

*X
Strength
have power!*

**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: Top Chef X-Press, LLC

2. (a) 2200 North Street (b) 12114 Sumner Drive
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

Altamonte Springs, FL 32714 Orlando, FL 32824

3. 9/22/2020 4. L20000298635
Date of filing/registration in Florida Document number

5. (a) Joe Castelfort
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1906 E. Robinson Street
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Orlando, FL 32803

(b) Jennifer Synnamm, Esquire
Enter name of NEW Registered Agent and/or NEW Registered Office address:

1906 E. Robinson Street
NEW Registered Office Address:

Orlando, FL 32803

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.

Haydee Calderon
Signature of a member or authorized representative of a member

Haydee Calderon - Authorized He
Printed or typed name of signer

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.

Jennifer Synnamm
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL