LZO 000318970

(Re	questor's Name)			
(Ad	dress)			
	dress)	<u></u>		
(Cit	y/State/Zip/Phone	#)		
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(Bu	isiness Entity Name	e)		
(Document Number)				
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COVER LETTER

TO: Registration Section Division of Corporations CHEF MONE CATERING LLC	
SUBJECT:	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 STE 220	
Address	
HOUSTON, TX 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
LOVETTE DOBSON 88 at (8 462-3453
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

INH\$18 (2/14)

• 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.

2. (a)				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		ì	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	10704 PRESERVE LAKE DR		10704 PRE	ESERVE LAKE DR
	TAMPA, FL 33626		TAMPA, I	FL 33626
	10/08/2020		1.200003189	970
3.	Date of filing/registration in Florida	4.		Document number
5. (a)				
, ,	Registered Agent and Registered Office shown on the records o MONE CORNWALL	f the Flor	ida Dept. of Stat	 e:
	Registered Office Address (MUST BE FLORIDA STREET ADDRE			
	13102 GREENGAGE LN			
	TAMPA , F	L		2021 HAY 24
/LX				7
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	2021 MAY 24 AM 11: 33
	MONE CORNWALL			7. .
	NEW Registered Office Address:	· · · ·	<u> </u>	_
	10704 PRESERVE LAKE DR			
	TAMPA , F	L33626		
change agent v was/we the arti Signa I hereiprovisithe oblito merei	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an affirmative vote of the members cles of organization or the operating agreement of the further of a member or authorized representative of a member of a member of all statutes relative to the proper and complete igations of my position as registered agent as providedly reflect a change in the registered office address, It in writing of this change.	e regist iability of the l e limite 	ered office an company, it is imited liabilit d liability con IONE CORNW	d the business office of the registered shereby confirmed that the change(s) y company or as otherwise provided in npany. /ALL Printed or typed name of signee

Signature of Registered Agent