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SECRETARY OF SHALL MIASSEE, A



COVER LETTER

Registration Section TO: Division of Corporations FAIRWAY DONUTS, LLC SUBJECT: _____ 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: EUGENE H. GAUDETTE Name of Person Firm/Company P.O. BOX N Address SANFORD, ME 04073 City/State and Zip Code tiffany@ehglaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 324-1551 TIFFANY CAMIRE Area Code & Davtime Telephone Number Name of Person Mailing Address: **Street Address:** Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 Enclosed is a check for the following amount: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee

INHS18 (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.

Na	me of the limited liability company:FAIRWAY I	DONUTS, LI.	LC
(a)		(b)	
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7104 FAIRWAY DRIVE	2.	80 MERRIMACK STREET
	PALM BEACH GARDENS, FL 33418		METHUEN, MA 01844
	MARCH 4, 2021	L2	21000105613
	Date of filing/registration in Florida	4.	Document number
(a)			
(a)	Registered Agent and Registered Office shown on the records of	the Florida De	ept. of State:
	CAFUA CONSULTING COMPANY, LLC		ept, of State: ST 282 AUG AUG
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	12236 TILLINGHAST CIRCLE		A177
	PALM BEACH GARDENS . FI	33418	PH III
		<u> </u>	
(b)			The state of the s
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>d Office addre</u>	<u>ev</u> ;
		. <u>.</u>	
	NEW Registered Office Address:		
	4100 N POWERLINE ROAD, UNIT M1		
	POMPANO BEACH . F	33073	
ange ent s	imited liability company is not organized under the lag or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members	iws of the Sta e registered of iability come	office and the business office of the registered pany, it is hereby confirmed that the change(s)
is/W e art	ere authorized by an arrithmetive vote of the members icles of organization or the operating agreement of the	e limited liab	bility company.
			NE H. GAUDETTE
igna	iture of a member or authorized representative of a member		Printed or typed name of signee
ovis e ob. mer	by accept the appointment as registered agent and ag ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address. I d in writing of this change.	gree to act in e performanc ed for in Cha hereby conf	this capacity. I further agree to comply with to ce of my duties, and I am familiar with and accompter 605, F.S. Or, if this document is being fil firm that the limited liability company has been
anatı	re of Registered Agent		