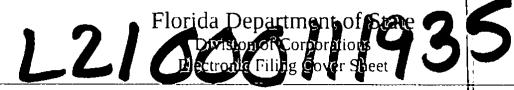
Division of Corporations



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(((H24000162468 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: REGISTERED AGENTS INC.

Account Number : I20090000081

: (307)200-2803

Fax Number

: (813)436-5206

			address										
E Se	nual	repor	t mailin	gs.	Enter	only	one	email	add	res	s ple	ase.	**

## LLC REGISTERED AGENT CHANGE SAK PASE FOODTRUCK, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

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## 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. Na	me of the limited liability company: Sak F	ase Foodtruck	LLC					
2. (a)			(b)					
	Principal office address of limited liability of (Note: MUST BE STREET ADDRE				Aailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
			_					
	03/08/21		L2100	00111935	35			
3.	Date of filing/registration in Flori	da	4.	Doc	ument nu	mber		
5. (a)	INC AUTHORITY RA							
. ()	Registered Agent and Registered Office shown on to 390 NORTH ORANGE AVE.							
	Registered Office Address (MUST BE FLORIL	DA STREET AD	DRESS)					
	STE 2300-N			1				
	ORLANDO	FL_32	2801					
(b)	Registered Agents Inc			2024 PAY				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u>	V Registered O	<u>Mice address</u> :					
	7901 4th St N					ယ် - ·		
	NEW Registered Office Address:							
	STE 300					<u>မှ</u> ၂. ၁		
	St. Petersburg	33 Fi	3702			<u>.</u>		
the cha agent v was/we	imited liability company is not organized unge or changes are made, the Florida street will be identical. Or, in the case of a Florid ere authorized by an affirmative vote of the cles of organization or the operating agree	address of the limited liab members of the limited liab	ic registered ility compar the limited l	l office and 19, it is here iability con	the busineby confi npany or	ress office of the registered rimed that the change(s)		
Arch	- Karanga		Robin Jone					
_	ture of a member or authorized representative of a me					name of signee		
provisi the obl to mere	by accept the appointment as registered ag ons of all statutes relative to the proper an igations of my position as registered agent ly reflect a change in the registered office I in writing of this change.	ent and agree d complete pe as provided f address, I he.	e to act in the erformance e för in Chapte reby confirn	is capacity of my dutie er 605, F.S n that the li	. I furthe s, and I a . Or, if the mited lia	r agree to comply with the in familiar with and accep his document is being filed bility company has been		
	1 April 100	Assistant Secr	retary					
	re of Registered Agent					i.		

**FILING FEE: \$25.00**