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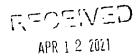
(Requestor's Name)					
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COVER LETTER

	egistration Section livision of Corporations			
SUBJEC	EXECUCHEFILC T:			
		Name of Limited L	iability Company	
Dear Sir o	or Madam:			
The enclo	sed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.	
Please ret	urn all correspondence concerning	g this matter to the	following:	
LÖVETTI	DOBSON			
	Name of Person			
INCFILE	COM LLC			
	Firm/Company			
17350 STz	VTE HWY 249 STE 220			
	Address			
HOUSTO	N. TX 77064			
	City/State and Zip Cod	e		
EFILE123	4@INCFILE.COM			
E-m	ail address: (to be used for future	annual report notif	ication)	
For furthe	r information concerning this mat	ter, please call;		
LOVETT	EDORSON	888 at (462-3453 	
* * **	Name of Person		Area Code & Daytime Telephone Number	
N	lailing Address:		Street Address:	
	egistration Section		Registration Section	
	ivision of Corporations		Division of Corporations	
	.O. Box 6327		The Centre of Tallahassee	
T	allahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
E	nclosed is a check for the follow	ing amount:		
•	S25 Filing Fee	□ \$55 Filing Fee & Certified Copy		

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.

Name of the limited liability	company: EXECUCHEF LI	LC		
(a)		(b)_	091 SW 9TH AVE	
Principal office addres	s of limited liability company: ESTREET ADDRESS)		_	dress of limited liability company: 1AY BE POST OFFICE BOX)
MIAMI, FL 33130			HAMI, FL 33130	
03/09/2021		1.2	1000112452	
Date of filing/re	gistration in Florida	4.	Documer	nt number
(a)	<u> </u>			
Registered Agent and Register ALEXANDER S RODRIC	ed Office shown on the records of IUEZ	the Florida De	pt, of State:	2021 APR 12
Registered Office Address 1091 SW 9TH AVE	(MUST BE FLORIDA STREET	<u>ADDRESS)</u>	.	M APR 12 AM 12: 04
МАМІ	,	33130		AM 12: 04 FEL FLORIDA
b)				40 40
Enter name of <u>NEW Register</u>	ed Agent and/or <u>NEW Registered</u>	l Office addre	<u>ss</u> :	
LEGALINC CORPORAT	E SERVICES INC.			
NEW Registered Office Addr	ess:			
5237 SUMMERLIN COM	MONS SUITE 400			
FORT MYERS	FI	33907		
ige or changes are made, the it will be identical. Or, in th	Florida street address of the e case of a Florida limited limitive vote of the members of	registered of ability comp of the limited	office and the busi pany, it is hereby o d liability compan	hereby confirmed that after the iness office of the registered confirmed that the change(s) by or as otherwise provided in
alexander	Roduguez	ALEXA	ANDER S RODRIG	
gnature of a member or authorized				typed name of signee
every accept the appointment visions of all statules relative obligations of my position as acrely reflect a change in the fied in writing of this change	to thể proper ánd complete registered agent as provide registered office address, L N - A	performanc d for in Cha hereby confi	this capacity. The e of my duties, and pter 605, F.S. Or rm that the limited ROF OPERATIONS	orther agree to comply with the d I am familiar with and acce, if this document is being file d liability company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Ager