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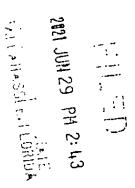
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





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06/29/21--01086--021 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
Pagoda Kitchen LLC SUBJECT:					
	nited Liability Company				
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter	to the following:				
Emily Barnhart					
Name of Person					
Rapoport's Restaurant Group Inc					
Firm/Company					
840 E. Atlantic Ave, 3rd Floor					
Address					
Delray Beach, FL 33483					
City/State and Zip Code					
emily@rapoportsrg.com					
E-mail address: (to be used for future annual repor	t notification)				
For further information concerning this matter, please ca	all:				
Emily Barnhart 56	334-2027				
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				

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. N	fame of the limited liability company: Pagoda Kitchen L	I.C 							
2. (a)	14917 Lyons Rd, #100	(b) 840 E. Atlantic Ave, 3rd Floor							
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Ma	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	Delray Beach, FL 33446	_		Delray Beach	, FL 33483				
		_							
_	04/07/2021	-	<u> </u>	.21000162328					
 (a) 	Date of filing/registration in Florida Emily Barnhart	4.		D	ocument numbe	Γ			
- " ("	Registered Agent and Registered Office shown on the records of the 1000 Clint Moore Rd	he Flori	da l	Dept. of State:					
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>				~3		
	Suite 108					<u>.</u> .	121		
	Boca Raton , FL	33487				() H () 5 5 5	2021 JUN 29	1 ;	
41.7	Emily Barnhart					5 		1 	
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office s	add	ress:		ELDERD'A	PM 2: 43		
	NEW Registered Office Address:								
	840 E. Atlantic Ave, 3rd Floor	···········							
	Delray Beach , FL	33483							
chang agent was/v the ar Sign I her provi the old to me notific	limited liability company is not organized under the law go or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the lautic of a hember or authorized representative of a member eby accept the appointment as registered agent and agreesions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a provided the proper and complete poligations of this change.	registe bility of the li imited	erecent mi I lia	d office and to appany, it is hotel liability compatible to the co	he business officereby confirmed company or as of any printed or typed name ity. I further assistant to the further assis	ce of the d that the therwise of signal tree to co	e regis e chan e provi	cred ge(s) ded in	