Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803

Fax Number : (855)330-1010

🌣 **Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

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LLC REGISTERED AGENT CHANGE SOUTHERN CHEF LLC

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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.

| i. N | ame of the limited liability company: Southern | Ch | ef LLC | | | |
|------------------------|---|--|--|---|--|-----|
| 2. (a) | | | (b) | | | |
| . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | failing address of limited li (Note: MAY BE POST 6 | | |
| | 835 OPA LOCKA BLVD | A LOCKA BLV |) | | | |
| | MIAMI FL 33168 | MIAMI FL 33168 | | | | |
| | 05/20/2021 | | L21000 | 0236731 | | |
| 3. | Date of filing/registration in Florida | 4, | | Document number | | |
| 5. (a) | Registered Agents Inc | | | | | |
| (n) | Registered Agent and Registered Office shown on the records of | the Flori | da Dept. of State | | | |
| | Registered Office Address (MUST BE FLORIDA STREET) | ADDRE | <u></u> | | | |
| | 476 RIVERSIDE AVE. | | | | | |
| | JACKSONVILLE | 3220 |)2 | | | |
| (b) | Panistared Agents Inc | | | | 20 | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office: | address: | · | 23 K | |
| | 7901 4th St N | | | | 2023 KAY - 4 | - |
| | NEW Registered Office Address: | | 1 | | 7 | ۔۔ |
| | STE 300 | | | | Ġ. Tr | ٠ |
| | St. PetersburgFL | 3370 |)2 | | . 9 4 | |
| the cha agent was/w | limited liability company is not organized under the lay ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | ws of the repair the latest the latest the latest the latest late | ne State of Flo gistered office company, it is imited liability | and the business offic hereby confirmed that company or as othery | re of the registere t the change(s) | ed. |
| 10 | | | obin Jone | | | _ |
| Signa | uure of a member or authofized representative of a member | | | Printed or typed name of s | ignee | |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change. and botts Da

David Roberts - Assistant Secretary

Signature of Registered Agent