K21000247201

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



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COVER LETTER

TO:	Registration Section Division of Corporation	s							
SUBJ	Surfside Fresh Market LLC Name of Limited Liability Company								
Dear S	ir or Madam:								
The en	closed Registered Agent/	Registered Offic	e Chan	ge and	nd fee(s) are submitted for filing.				
Please	return all correspondence	concerning this	matter	to the	e following:				
	Morgan	L Myers							
	Name o	f Person			_				
	Surfside Fres	h Market LLC							
	Firm/C	ompany							
	1401 Gul	f Blvd., #5							
	Addre	ess							
	Indian Rocks	Beach, FL 33785							
	City/State a	ind Zip Code							
E	MOrgan myer. E-mail address: (to be used	5615 Egme 1 tor luture annu	ر آن al repo	COM rt noti	a ification)				
For fu	ther information concern	ing this matter, p	olease c	all:					
	Morgan L N	lyers	at (727	7) 608-9045				
	Name of Persor	l			Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporation 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 a	amount	:					
	□ \$25 Filing Fee			= \$	\$55 Filing Fee & Certified Copy				
INHS1	8 (2/14)								

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOF LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compansubmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida

Surfside Fresh Market LLC

i.	Na	me of the limited liability company:	urfside Fres	h Market	LLC		
2.	(a)	1401 Gulf Blvd., #5	(b)_	1401	Guif Blud #5		
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		S	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Indian Rocks Beach, FI 33785		Ind	Indian Rocks Beach FL		
					33785		
		November 1, 2021			L21000247201		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	Deborah V Logal		_			
	` '	Registered Agent and Registered Office shown on the records of	the Florida De	ept, of State	- ::		
		333 39th Ave					
		Registered Office Address (MUST BE FLORIDA STREET)	ADDRESS)		-		
		333 39th Ave			_		
		St Petersburg Beach	33706		-		
	(b)	Morgan L Myers	<u></u>		20		
		linter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office addre	<u>:ss</u> :	7		
		1401 GOVE BIND #5			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
		NEW Registered Office Address:					
		1401 Gulf Blud #5			PH 2: 03		
		1401 Gulf Blud #5 Indian Rocks Beach FL	. 3378	5	FLE COR		
ch ag wa	ange ent v as/we	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered of ability composition from the limite	office and pany, it is d liability	d the business office of the registered hereby confirmed that the change(s) y company or as otherwise provided in		
	Х				Deborah V Logai		
:	Signal	ture of a member of authorized representative of a member			Printed or typed name of signee		
pr the to	ovisi e obl mere	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	performano	re of my o	luties, and I am familiar with and accept		
Si	gnatu	Magant Myers					