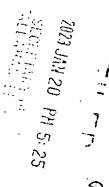
(Re	equestor's Name)			
(Ad	ldress)				
(Ad	idress)				
(Ĉi	ty/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	es of Status			
Special Instructions to Filing Officer:					
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COVER LETTER

	Registration Section Division of Corporations		
SUBJE	Vacation Grocery Delivery	y LLC	
	Ŋ	Name of Limited Lia	bility Company
Dear Sir	or Madam:		
The encl	losed Registered Agent/Registered (Office Change and f	ee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to the fo	ollowing:
Jhane	ese Hoosain		_
	Name of Person		
ZenBusii	ness Inc.		
	Firm/Company		_
336 E. C	ollege Ave. Suite 301		
	Address		-
Tallahass	see, FL 32301		
	City/State and Zip Code	e	-
ra@zenb	usiness.com		
E-1	nail address: (to be used for future a	annual report notific	ation)
For furth	er information concerning this matt	ter, please call:	
Jhanes	se Hoosain	844 at (493-6249
	Name of Person		Area Code & Daytime Telephone Number
•	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Гallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
]	Enclosed is a check for the followi	ng amount:	
{	□ \$25 Filing Fee	5 55	Filing Fee & Certified Copy

INHS18 (2/14)

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	ame of the limited liability company: Vacation	n Gro	cery De	elivery LLC
	COOK LAKE CMITH CIDCLE			LAKE SMITH CIRCLE
2. (a)	Principal office address of limited liability company:		(b) <u>UUZ</u>	Mailing address of limited liability company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST OFFICE BOX)
	WINDERMERE, FL 34786		WINE	DERMERE, FL 34786
	06/22/2021		L210	00288699
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	Barrett, Jessica			
``	Registered Agent and Registered Office shown on the record	s of the Flo	rida Dept. of Sta	e:
	6324 LAKE SMITH CIR			
	Registered Office Address (MUST BE FLORIDA STRE	ET ADDR	ESSI	— ·*•
				202 321 321
	WINDERMERE	.FL 34	786	2023 JAN 20
	· · · · · · · · · · · · · · · · · · ·	, FL <u>O</u>		
(ъ)	ZenBusiness Inc.			
(-)	Enter name of NEW Registered Agent and/or NEW Regist	ered Office	address:	- 5. J.
	336 E. College Ave. Suite 301			5: 25
	NEW Registered Office Address:			-
				_
	Tallahassee	, FL_32301	1	
If the l	imited liability company is not organized under the		ha Centa of til	-
change	or changes are made, the Florida street address of	the regist	ered office an	d the business office of the registered
agent was/w	will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the membe	d liability rs of the l	company, it i limited lightli	s hereby confirmed that the change(s) y commany or as otherwise provided in
	icles of organization or the operating agreement of			
	/s/Jessica Barrett		lessica Ba	
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
the obtained to mer	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office addressed in writing of this change	agree to dete perfortided for it., I hereby	act in this cap mance of my n Chapter 60; confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept i, F.S. Or, if this document is being filed the limited liability company has been
Sighan	ne of Registered Agent			