121000339404

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

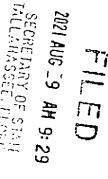




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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	EVIL FOODS LLC		
		Name of Limited I	Liability Company
Dear S	Sir or Madam:		
The er	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Eva Ca	alder Villalobos		
	Name of Person		
Evil Fo	oods LLC		
	Firm/Company		
13801	S Biscayne River Drive		
	Address		
Miami	. FL 33161		
	City/State and Zip Co	de	
eva.cai	der.powel@gmail.com		
<u> </u>	E-mail address: (to be used for future	annual report noti	fication)
For fu	rther information concerning this ma	tter, please call:	
Eva Ca	alder Villalobos	609 at (468-4448
	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 follow	ving amount:	
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy
INHSI	8 (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	lame of the limited liability company: EVIL FOODS LI	LC			
2. (a)	13801 S Biscayne River Drive		(b) 13801 S Biscayne River Drive		
~· (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Miami, FL 33161	_	Miami, FI	. 33161	
	7/27/2021	<u> </u>	L21000339	404	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a	Eva Calder Powel				
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 13801 S Biscayne River Drive			2021 SEC TALL	
	Registered Office Address (MUST BE FLORIDA STREET.				
	Miami , FL	33161		TILED RETARY OF STATE AHASSEE, FLOOR	
(b)	Eva Calder Villalobos			9. 29 62. 6	
	Enter name of NEW Registered Agent and/or NEW Registered				
	13801 S Biscayne River Drive				
	NEW Registered Office Address:	-		-	
	Miami	33161		_	
chang agent was/w	limited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liakere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe ability of of the lin limited	red office an company, it is mited liabilit	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in apany.	
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee	
provis the ob to mer notifie	thy accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ligations of my position as registered office address, I have a change in the registered office address, I have a change in the change.	ee to ac perform I for in hereby c	et in this cape nance of my o Chapter 605 confirm that i	icity. I further garee to comply with the	
Signati	ire of Registered Agent				

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