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000 340 721

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

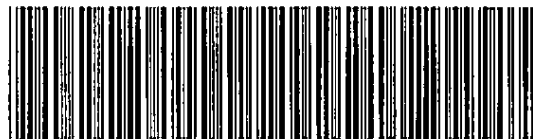
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U.S. DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Slims Catering LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tierra Dozier

Name of Person

Slims Catering LLC

Firm/Company

3109 avenue G unit #2

Address

Fort Worth Texas 76105

City/State and Zip Code

ChefTierraDozier@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tierra Dozier

Name of Person

at (305) 326 2936

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

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RECEIVED
DIVISION OF CORPORATIONS

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. Name of the limited liability company: Slims Catering LLC

2. (a) 2441 Liberty street Beaumont Texas 77702 (b) 2241 Liberty street Beaumont Texas 77702

Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

March 21st, 2022

L21000340721

3. Date of filing/registration in Florida 4. Document number

5. (a) Ine Authority

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

390 North Orange Avenue

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

STE 2300-N

Orlando, FL 32801

(b) Gionni Dozier

Enter name of NEW Registered Agent and/or NEW Registered Office address:

174 poplar drive

NEW Registered Office Address:

Interlachen, FL 32148

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
Signature of a member or authorized representative of a member

Tierra Dozier
Printed or typed name of signee

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.

[Signature]
Signature of Registered Agent

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DIVISION OF CORPORATIONS