Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H210003841163)))



	OT hit the REFRESH/RELOAD button on your browser from this will generate another cover sheet.	page. Doing 503
To:	Division of Corporations Fax Number : (850)617-6383	
Prom:	Account Name : LECALZCOM.COM INC. Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	1. H 9: 44
ar.n	the email address for this business entity to be used ual report mailings. Enter only one email address plea	for future se.**
		and the third sections of the section of the sectio
	LLC REGISTERED AGENT CHANGE	CC
ORIO.	LLC REGISTERED AGENT CHANGE PAPA AND MIMI'S MARKET LLC Certificate of Status 0 Certified Copy 1 Page Count 02	CC PAIRCI
SFE, FLORIOZ	PAPA AND MIMI'S MARKET LLC Certificate of Status 0 Certified Copy 1	OCT 1 6 2021

Electronic Filing Menu

Corporate Filing Menu

Help

٠,

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

Page: 3 of 3

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. Na	me of the limited liability company: PAPA AND N	MIMI'S MA	ARKET LLC	
2. (a)	1137 54th Ave. N	(b) 1137 54th Ave. N		
2. (0)	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	_	Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX)	
	St. Petersburg, FL 33703		t. Petersburg, FL 33703	
	08/20/2021		1000374727	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Candy K. Warner			
J. (_,	Registered Agent and Registered Office shows on the records of t	he Florida D	pt. of State:	
	1137 54th Ave. N			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				
	St. Petersburg , FL	33703		
 (b)	UNITED STATES CORPORATION AGENTS			
(5)	Error system of NEW Registered Agent and/or NEW Registered	555:		
	5575 S. Semoran Blvd., Suite 36			
	NEW Registered Office Address:			
				
	Orlando FL	32822		
the cha agent v	imited liability company is not organized under the law inge or changes are mode, the Florida street address of will be identical. Or, in the case of a Florida limited hi ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	the registe ability com of the limit	pany, it is hereby confirmed that the change(s) ad liability company or as otherwise provided in	
_1		Cano	y K. Warner	
I here provis the ob- to mer notifie	nure of the open or nutherized representative of a member by 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 provide ely reflect a change in the registered office address, I at in writing of this change. CHEYENNE MOSELEY, ASSISTANT SECRETAR STATES CORPORATION AGENTS, INC.	ree to act in performan d for in Ch hereby con ny, UNITED	Prived or typed rame of signee I this capacity. I further agree to comply with the ce of my duties, and I am familian with and accept apter 605, F.S. Or, if this document is being filed firm that the limited liability company has been	

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

INTIS 18 (2/14) CHEYENNE MOSELEY, ASSISTANT SECRETARY, UNITED STATES CORPORATION AGENTS, INC.