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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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SECRETARY OF STATE
TALL AHASSEE, FL

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HAR 0 3 2022 I ALBRITTON

COVER LETTER

MK 33 Foods Real Estate, LLC

Registration Section Division of Corporations

TO:

INHS18 (2/14)

Name	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Kimberly Wimberly Name of Person	<u> </u>
MK33 Foods Real Esta Firm/Company	te UC
16 Mc Davis Blud Sto	e allo
Santa Rosa Beach, FL, City/State and Zip Code	32459
Kwimberly @ raffood S E-mail address: (To be used for future annual	S. Com al report notification)
For further information concerning this matter, p	lease call:
Kim Wimberly Name of Person	at (901) 767-1382 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 a	mount:
\$25 Fifing Fee	☐ \$55 Filing Fee & Certified Copy

RECEIVED

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SECRETARY UP STATE TALLAHASSEE, FL

February 11, 2022

KIMBERLY WIMBERLY 116 MCDAVIS BLVD STE. 216 SANTA ROSA BEACH, FL 32459

SUBJECT: MK33 FOODS REAL ESTATE, LLC

Ref. Number: L21000381112

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist III

Letter Number: 422A00003497

www.sunbiz.org

STÅTEMENT OF CHANGE OF REGISTERED OFFICE ÖR 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: MK33 Real Esta	te, LLC	
2. (a) IlleMc Davis Blvd Ste 216 (b)	Same	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
Santa Rosa Beach, FL	,	
33459		
010-101	01	
3. Date of filing/registration in Florida 4.	Document number	
5. (a) CT Cornoration System	Document number	
Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta	nte:	
1200 South Pine Island Rd	_	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) Plantation, FL 33324	20	
•		
. Fl Fl	FEB 28	
(b) Kimberly Wimberly Enter name of NEW Registered Agent and/or NEW Registered Office address:	BASSEI NASSEI	
	PH 4: 39 Y OF STATE (SSEE, FL	
Left Hatwoods Forest Loop NEW Registered Office Address:		
Santa Rosa Beach, FL 32459		
Carria Rosa Delicity I D 100401	_	
, FL	_	
If the limited liability company is not organized under the laws of the State of F change or changes are made, the Florida street address of the registered office a	lorida, it is hereby confirmed that after the	
agent will be identical. Or, in the case of a Florida limited liability company, it was/were authorized by an affirmative vote of the members of the limited liability	is hereby confirmed that the change(s)	
the articles of organization of the operating agreement of the limited liability co	mpany.	
Signature of a member or authorized representative of a member	Printed or typed dame of signee	
I hereby accept the appointment as registered agent and agree to act in this cap provisions of all statutes relative to the proper and complete performance of my	pacity. I further agree to comply with the duties, and I am familiar with and accept	
provisions of all statutes relative to the proper and complete performance of my the obligations of my position as registered agent as provided for in Chapter 60 tolmerely reflect a change in the registered office address. I hereby confirm that notified in writing of this change	5, F.S. Or, if this document is being filed the limited liability company has been	
molnly Wmbenly		
Signature of Registered Agent		
Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 FILING FEE: \$25.00		