Florida Department of State

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.

(((H22000297161 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : 120220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC REGISTERED AGENT CHANGE I LUV FRENCHIES LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

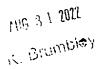


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Corporate Filing Menu

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| | COVER | LETTER · | (((H22000297161 3)) |
|--|-------------------|---------------------|--|
| TO: Registration Section Division of Corporations | | • | • |
| I LUV FRENCHIES LLC SUBJECT: | | | |
| Na. | me of Limited | Liability Company | |
| Dear Sir or Madam: | | | |
| The enclosed Registered Agent/Registered Of | Tice Change and | d fee(s) are submit | ted for filing. |
| Please return all correspondence concerning th | his matter to the | following: | |
| LOVETTE DOBSON | | | |
| Name of Person | | | |
| INCFILE.COM LLC | | | |
| Firm/Company | | | |
| 17350 STATE HWY 249 #220 | | | |
| Address | | | |
| HOUSTON, TEXAS 77064 | | | |
| City/State and Zip Code | | | |
| EFILE1234@INCFILE.COM | | | |
| E-mail address: (to be used for future an | nnual report not | ification) | |
| For further information concerning this matte | r, please call: | | |
| LOVETTE DOBSON | 888 at (| 462-3453 | |
| Name of Person | 0. (| Area Code & I | Daytime Telephone Number |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | Section Corporations of Tallahassee nroe Street, Suite 810 |
| Enclosed is a check for the followin | ng amount: | | |
| ■ \$25 Filing Fee | ۵ | \$55 Filing Fee & (| Certified Copy |
| INHS18 (2/14) | | | (((H22000297161 3)) |

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000297161 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.

| . Na | ame of the limited liability company: | ES LLC | |
|---|--|--|--|
| . (a) | | (b) |) |
| ` ' | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| | 1910 VALLEY FORGE DR | | 1910 VALLEY FORGE DR |
| | SAINT CLOUD, FL 34769 | | SAINT CLOUD, FL 34769 |
| | 08/31/2021 | I | L21000388967 |
| ; <u>.</u> | Date of filing/registration in Florida | 4. | Document number |
| · (-) | | | |
| s. (a) | Registered Agent and Registered Office shown on the records of | the Florida | Dept. of State: |
| | LEGALINC CORPORATE SERVICES INC | | |
| | Registered Office Address (MUST BE FLORIDA STREET. | ADDRESS | 1 |
| | 5237 SUMMERLIN COMMONS SUITE 400 | | |
| | FORT MYERS, FL | 33907 | |
| | | | AP 2022 AUG SECNET FALLAHA |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | | |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office ad | dress: SSS 3 P≥ E |
| | Weneceslao Coral | | |
| | NEW Registered Office Address: | | |
| | 1910 Valley Forge Dr. | | 24 |
| | Saint Cloud , FI | 34769 | |
| changagent was/was/was/was/was/was/was/was/was/was/ | limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members at ticles of organization or the operating agreement of the attraction of a member or authorized representative of a member set of a member as registered agent and agricons of all statutes relative to the proper and complete obligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change. | registere ability co of the lim limited l | ed office and the business office of the registered impany, it is hereby confirmed that the change(s) inted liability company or as otherwise provided in iability company. Decessor Coral Printed or typed name of signee In this capacity. I further agree to comply with the |