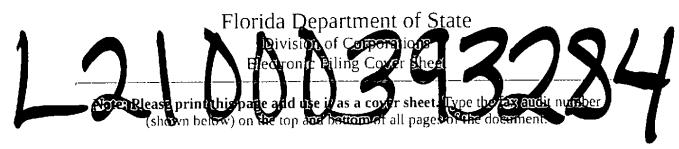
Division of Corporations



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations Fax Number : (850)617-6383 From: Account Name : REGISTERED AGENTS INC. Account Number : I20090000081 : (307)200-2803 : (813)436-5206 Fax Number er the email address for this business entity to be used for future

aṇnual report mailings. Enter only one email address please.**

LLC REGISTERED AGENT CHANGE

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
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CROWN MAJESTIC KITCHEN LLC

M. SOLOMON

SEP 17 2024

Email Address:___

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Help

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. Na | ame of the limited liability company:CHOWN MAJEST | IC KITCHEN LL | C |
|--|---|---|---|
| 2. (a) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (b) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) |
| 3. | 09/02/2021 Date of filing/registration in Florida | L21000 | 0393284 Document number |
| S. (a) | LEGALINC CORPORATE SERVICES INC. | | |
| o. (a) | Registered Agent and Registered Office shown on the records of t | he Florida Dept. o | of State: |
| | 476 RIVERSIDE AVE. | | |
| | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | SEC: |
| | JACKSONVILLE FL | 32202 | 2024 SEP 17 SECKE JARA |
| (b) | Registered Agents Inc | | AHANY OF |
| | Enter name of NEW Registered Agent and/or NEW Registered Office address: | | Si 2: O |
| | 7901 4th St N | | |
| | NEW Registered Office Address: | | |
| | STE 300 | | |
| | St. Petersburg , FL | 33702 | |
| he cha igent v was/wi he arti | imited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | cs of the State of the registered obility company f the limited lia limited liability Robin Jone | office and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company. S Printed or typed name of signee |
| provisi he obl o meri | by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have in writing of this change. | ee to act in this performance o I for in Chapte pereby confirm | s capacity. I further agree to comply with the of my duties, and I am familiar with and accept or 605, F.S. Or, if this document is being filed that the limited liability company has been |
| | ald Coorts David Roberts - Assistant Se | ecretary | |
| Signatu | ire of Registered Agent | | |