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| (Requestor's Name) | | | | | | |
|---|--|--|--|--|--|--|
| (Address) | | | | | | |
| (Address) | | | | | | |
| (City/State/Zip/Phone #) | | | | | | |
| PICK-UP WAIT MAIL | | | | | | |
| (Business Entity Name) | | | | | | |
| (Document Number) | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|--|--|--|--|
| M&A Sauced LLC SUBJECT: | | | |
| | 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: | | |
| Angela Johnston | | | |
| Name of Person | | | |
| M&A Sauced LLC | | | |
| Firm/Company | | | |
| 3 Maples st NW | | | |
| Address | | | |
| Fort Walton Beach FL 32548 | | | |
| City/State and Zip Code | | | |
| angjohnston@live.com | | | |
| E-mail address: (to be used for future annua | al report notification) | | |
| For further information concerning this matter, p | lease call: | | |
| Angela Johnston | 850 376-4042 at () | | |
| Name of Person | 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 Filing Fee | ☐ \$55 Filing Fee & Certified Copy | | |

INHS18 (2/14)

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

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability consubmits the following statement in order to change its registered office or registered agent, or both, in the State of Fi

| 1. | Na | ame of the limited liability company: M&A Sauced LL | .C | | | | |
|----------------|---|---|---|---------------------------|--|---|--|
| 2 | (a) | 119 Racetrack Rd NE SUITE A | | (b | 119 Racetrack | Rd. NE SUITE A | |
| ۷. | (4) | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (, | Mailir | ng address of limited liability company ote: MAY BE POST OFFICE BOX) | |
| | | FORT WALTON BEACH FL 32547 | | | FORT WALTO | ON BEACH FL 32547 | |
| | | 11/3/2022 | | | £21 0045 1345 | L21000 45134 | |
| 3. | | Date of filing/registration in Florida | 4. | | Doc | cument number | |
| 5. (| (a) | Cheyenne Moseley | | | | | |
| | | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | |
| | | US CORPORATION AGENTS INC | | | | ,~ | |
| | | Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | | | 2 | 022 | |
| | | 5575 S. SEMORAN BLVD SUITE 36 | | | | | |
| | | ORLANDO , FI | 32822 L | 2 | | | |
| | (b) | ANGELA JOHNSTON | | | | 14 PH 12: 26 | |
| | Enter name of NEW Registered Agent and/or NEW Registered Of | | | ice address: | | FL. 26 | |
| | | NEW Registered Office Address: | | | | | |
| | | 119 RACETRACK RD NE SUITE A | | | | | |
| | | FORT WALTON BEACH , FI | 32547 L | 7 | | | |
| ch ag wa | ange ent v is/we | imited liability company is not organized under the la cor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the | regist ability of the limite | tere co lim ed l | ed office and the mpany, it is here ited liability cor | business office of the registered eby confirmed that the change(s) mpany or as otherwise provided in y. | |
| | Signa | ture of a member or authorized representative of a member | _ | | Prin | ited or typed name of signee | |
| prothe la na | herei ovisi e obl mere tified | by accept the appointment as registered agent and agi ions of all statutes relative to the proper and complete tgations of my position as registered agent as provide by reflect a change in the registered office address. I din writing of this change. | ree to o perfor d for i hereby | act rma n C | in this capacity. Ince of my dutie. Chapter 605, F.S Infirm that the li | . I further agree to comply with the s, and I am familiar with and accept S. Or, if this document is being filed imited liability company has been | |
| | • | Division of Corporations P.O. FILING F | | | | FL 32314 | |

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