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(Requestor's Name)
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COVER LETTER

\$25 Filing Fee

INHS18 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: Honey - Dew Lounge Name of Limited Liability Company
Dear Sir or Madam:
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following: Benjamin Jone S
Honey-Dew Lounge
1110 E Dixie Leesburg Fl 34748 Address
Leesburg FC 3#748 eity/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Benjum Joseph at (352) 217 5863 Name of Person Area Code & Daytime Telephone Number
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303
Enclosed is a check for the following amount:

☐ \$55 Filing Fee & Certified Copy

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. Name of the limited liability company: Honey	Dew Lounge	, ~	
2. (a) 1110 E Dixie Ave	(b) 11/6 F	Dixie Ame	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing ad	dress of limited liability comp	•
1 CESTON E (34748	(<u>isote: i</u>	MAY BE POST OFFICE BO	<u>X</u>) 1 (7
Casewa I C 34148	<u>heesbur</u>	3 1 C 3474	8
	L21000	1487701	
3. Date of filing/registration in Florida		ent number	
5. (a) United States Corporation	Agents. Inc		
Registered Agent and Registered Office shown on the records of the	Florida Dept. of State:		
5575 S. Semoran Bivd	•••		•
Registered Office Address (MUST BE FLORIDA STREET AD	DRESS)	<u>s</u> 5	20
Suite	· · · · · · · · · · · · · · · · · · ·	TAL	<u> </u>
<u>Orlando</u>	32822		021 DEC 2
Part is			7
(b) Benjamin Jones	· · · · · · · · · · · · · · · · · · ·		
Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Of</u>	lice address:	ින . තම්	ت س
			ର ୟ
NEW Registered Office Address:		•	
1110 E DINORNE			
Leesbury			
Leebony FL.	34748_		
If the limited liability company is not organized under the laws or change or changes are made the Elevide street address of the	of the State of Florida, it is	hereby confirmed that a	fter the
change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liability was overe authorized by an affirmation part of the case of a Florida limited liability.	usiered attice and the buci	nace allies of the regions	1
was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the lim	ie Imilied hability compon	y or as otherwise provide	ed in
Benon ()		<u> </u>	
Signature of a member or authorized representative of a member	Benjamin Printed or	typed name of signee	
I hereby accept the appointment as registered agent and agree to provisions of all statutes relative to the proper and complete per the obligations of my position as registered agent as provided for to merely reflect a change in the registered office address, I here notified in writing of this change.	a martin Alite and the F.C.		th the accept g filed secn
Signature of Registered Agent		•	

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