L21000508330

(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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THE BUY OF THE

Y SULKER JAN 1 1 2072

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195						
REFERENCE : 347530 7986366						
AUTHORIZATION: Spelle Rena						
COST LIMIT : \$ 55.00						
ORDER DATE : December 22, 2021						
ORDER TIME : 9:31 AM						
ORDER NO. : 347530-010						
CUSTOMER NO: 7986366						
CHANGE OF AGENT						
NAME: S EATERY, LLC						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
CERTIFIED COPY PLAIN STAMPED COPY						
CONTACT PERSON: Alexxis Weiland EXT#						
EXAMINER.						

COVER LETTER

то:	Registration Section Division of Corporations		
SUBJE	S EATERY, LLC		
30031		of Limited	I Liability Company
Dear Si	ir or Madam:		
The en	closed Registered Agent/Registered Office	: Change a	nd fee(s) are submitted for filing.
Please	return all correspondence concerning this i	natter to t	he following:
SETH	COHEN		
	Name of Person		
S EAT	ERY, LLC		
	Firm/Company	· <u> </u>	
1002 E	E NEWPORT CENTER DRIVE, SUITE 200)	
	Address		
DEER	FIELD BEACH, FL 33442		
	City/State and Zip Code		
KLEVE	ERETTE@INSURANCECAREDIRECT.CO	M	
Е	-mail address: (to be used for future annua	l report no	stification)
For fur	ther information concerning this matter, pl	ease call:	
KIM LE	EVERETTE	919 at (618-7011
	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 ar	nount:	
	□ \$25 Filing Fee	7	\$55 Filing Fee & Certified Copy
INHS18	8 (2/14)		

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. N	ame of the limited liability company:	•		
2. (a)	1002 E. NEWPORT CENTER DRIVE	(b	1002 E. N	EWPORT CENTER DRIVE
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	 (0	· —	dailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SUITE 200		SUITE 20	0
	DEERFIELD BEACH, FL 33442	_	DEERFIE	LD BEACH, FL 33442
	11/30/2021		L2100050	8330
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	COHEN, SETH			
J. (u)	Registered Agent and Registered Office shown on the records of a 1002 EAST NEWPORT CENTER DRIVE	the Florida	Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET) Suite 200	1DDRESS	2	د ـ
	DEERFIELD BEACH , FL	33442		
(b)	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company	Office ad	dress:	一方の一番の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の一方の
	NEW Registered Office Address:			
	1201 Hays Street			
	Tallahassee FL	32301		
change agent was/was the art	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cresquitorized by an affirmative vote of the members of ides of organization or the operating agreement of the	registere bility con f the lim limited li	d office and mpany, it is ited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	ture of a member or authorized representative of a member			Printed or typed name of signee
provisi the obi to mer	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h d in writing of this change.	re to act performa I for in C ereby co	in this capa nce of my d hapter 605, nfirm that ti	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been
Signatu	Clean Willow assistant va projectent ire of Registered Agent			