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To t Division of Corporations Fax Number : (850)617-6383 From: Account Name : CORPORATE CREATIONS INTERNATIONAL INC. Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442 5 **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

SBG TACO ST CHARLES, LLC

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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.	Nε	ame of the limited liability company:	arles, l	uc					
2.	(a)	12540 W. ATLANTIC BLVD		ሴ) 12540 W.	ATLANTIC BLVD			
	` ′	Principal office address of limited liability company: (Now: MUST BE STREET ADDRESS)		(0		Mailing address of limite (Note: MAY BE POS			;
		CORAL SPRINGS, FL 33071	_		CORAL SI	PRINGS, FL 33071			
		01/19/2022			L22000021	166			
3.	(a)	Date of filing/registration in Florida ANDREW LEVY	4.	•		Document number			
5. (a	(a)	Registered Agent and Registered Office shown on the records of 12540 W. ATLANTIC BLVD	the Fle	nida	Dept. of State	• ;;			
		Registered Office Address OMUST BE FLORIDA STREET	ADDR	ESS	1			2	
		CORAL SPRINGS FI	3307	1				1022 APR 2	
(b)	(b) .	Corporate Creations Network Inc.						R 22	
		Enter name of NRW Registered Agent and/or NEW Registered	Опп	add	lress:	,		A	8
		801 US Highway 1						ق	
		NEW Registered Office Address:						2	
		North Palm Beach , FL	3340	8					
ena age was	nge nt w /wc	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of these of organization or the operating agreement of the	rogist bility f the	cor	i office and npany, it is ted liability	the business office a bereby confirmed the	of the reg	istered moe(s)	
					y Cataifumo,	, Attorney-in- Fact			
		ure of a member or authorized representative of a member				Printed or typed name or	-		
he o n	obli _l iere:	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I h In writing of this change.	ee to e perfai I for it tereby	act i mai n Ci o coi	n this capac nce of my di napter 605, nfirm that th	city. I further agree uties, and I am famil F.S. Or, if this docu se limited liability co	to comply 'iar with a iment is b impany hi	v with to ind acc eing fil as been	he ep! led
Sign	atur	e of Registered Agent	Nanc	y Ca	atalfumo, Sp	pecial Secretary			