## Florida Department of State Division of Corporations Division of Corporations

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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

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## SBG TACO OPCO, LLC

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APPROVED AND FILED

## 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.

l. 1	Name of the limited liability company: SBG Taco Opco,	шс		
2. (a)	12540 W. ATLANTIC BLVD	(	b)	40 W. ATLANTIC BLVD
` ,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ `	·/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	CORAL SPRINGS, FL 33071		COI	RAL SPRINGS, FL 33071
	01/26/2022	<del>-</del>	L220	00002979
3.	Date of filing/registration in Florida ANDREW LEVY	4,		Document number
5. (a)	Registered Agent and Registered Office shown on the records of 12540 W. ATLANTIC BLVD  Registered Office Address OMUST BE FLORIDA STREET			of State:
	CORAL SPRINGS , FL	33071		2022 AFR
(b)	Corporate Creations Network Inc.			72 N IV
	Enter name of NEW Registered Agent and/or NEW Registered	Office at	ldress:	2 A
	801 US Highway 1			AH 0
	NEW Registered Office Address:			
	North Palm Beach FL	33408		<del></del>
chang agent was/w	limited liability company is not organized under the law te or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	register bility co f the lin	od offi mpany nited li	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in
		Nan	cy Cat	alfumo, Attorney-in- Fact
	after of a member or authorized representative of a member			Printed or typed name of signee
the ob to mer	eby accept the appointment as registered agent and agra- tions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided rely reflect a change in the registered office address, I have a writing of this change.	ee to act performa I for in ( pereby co	t in this ance o Chapte onfirm	s capacity. I further agree to comply with the fmy duties, and I am familiar with and accept ir 605, F.S. Or, if this document is being filed that the limited liability company has been
		Nancy (	Catalfo	mo, Special Secretary
	And An annihillar and Andrea			