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(Address)					
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(City/State/Zip/	Phone #)				
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(Danisa Niv					
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2028 JUL 20 AM II: 27

COVER LETTER ;

TO:	Registration Section Division of Corporations		·		
SUBJE	CARIBBEAN KING, LLC				
.,01901		Name of Limited L	Liability Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please	return all correspondence concernin	g this matter to the	following:		
CHARI	LES I. POLLACK, ESQ.				
	Name of Person				
FRYER	. SHUSTER, LESTER & POLLACK.	P.C.			
	Firm/Company		_		
1050 C	ROWN POINTE PARKWAY, SUITE	410			
	Address				
ATLAN	TA, GEORGIA 30338				
	City/State and Zip Coo	lc			
CPOLL	ACK@GALEGAL.COM				
E-	mail address: (to be used for future	annual report notif	ication)		
For furt	her information concerning this ma	tter, please call:		2023	
CHARI	ES POLLACK	770 at (668-9300	2023 JUL 20	_
	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	AH11: 27	•
	Enclosed is a check for the follow	ing amount:			
	□ \$25 Filing Fee	ve s	55 Filing Fee & Certified Copy		

INHS18 (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.	Na	me of the limited liability company: CARIBBEAN KIN	SG, LL	C	C	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 99 JANE STREET	_ ' _	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 99 JANE STREET	
		NEW YORK, NY 10014	_		NEW YORK, NY 10014	
		February 22, 2022		ı	L22000085337	
3.5.	(a)	Date of filing/registration in Florida PATRICK WALSH	4.		Document number	_
	()	Registered Agent and Registered Office shown on the records of the 1623 E HEMINGWAY DR	he Flori	da l	la Dept. of State:	
		Registered Office Address (MUST BE FLORIDA STREET A 602	DDRE:	5.S)		
		NORTH PALM BEACH , FL_	33408		2023 JUL 20	: :
(b)	(h)	RAYE SENECAL				3 ° − 47. • • • • •
	()	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	Office a	dd	ddress:	
		NEW Registered Office Address:			7	
		4300 S. US HIGHWAY I				
		JUPITER , FL	33477			
cha age wa	inge ent v s/r e	mited liability company is not organized under the laws or changes are made, the Florida street address of the restlection of the florida limited liab ore authorized by an affirmative vote of the members of eless of organization of the operating agreement of the li	egiste pility c the lii	rec on mi	red office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided i	
	\angle	at Walk	PA	T	TRICK WALSH, MEMBER	
I h pro the to i not	eret visi obli nere ified	ure of a member or authorized representative of a member by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete projections of my position as registered agent as provided by reflect a change in the registered office address. I he writing of this change. Auchieus Augustulus Agent	ertorn	1711	ance of my duties- and Lam familiar with and acc	cor

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

COVER LETTER

TO: Registration Section Division of Corporations	
CARIBBEAN KING, LLC SUBJECT:	
	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cl	hange and fee(s) are submitted for filing.
Please return all correspondence concerning this man	tter to the following:
CHARLES I. POLLACK, ESQ.	
Name of Person	
FRYER, SHUSTER, LESTER & POLLACK, P.C.	
Firm/Company	
1050 CROWN POINTE PARKWAY, SUITE 410	
Address	
ATLANTA, GEORGIA 30338	
City/State and Zip Code	
CPOLLACK@GALEGAL.COM	
E-mail address: (to be used for future annual re	eport notification)
For further information concerning this matter, pleas	se cali:
CHARLES POLLACK	770 668-9300
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 amo	unt:
□ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
INHS18 (2/14)	

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1. Na	une of the limited liability company: CARIBBEAN KIN	NG.LL	C		·
2. (a)	Principal office address of limited liability company:	_ (b)	Mailing address of limited lia	bility company:
	(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POST O	
	99 JANE STREET	_	99 JANE S	STREET	
	NEW YORK, NY 10014	_	NEW YOR	RK, NY 10014	
	February 22, 2022		1.220000853	337	
3.	Date of filing/registration in Florida	4.		Document number	<u> </u>
5. (a)	PATRICK WALSH				
J. (11)	Registered Agent and Registered Office shown on the records of t 1623 E HEMINGWAY DR	he Flori	da Dept. of State	- e:	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRE.	<u>SS)</u>		2
	NORTH PALM BEACH , FL	33408		_	
(b)	RAYE SENECAL			_	: : : : : : : : : : : : : : : : : : :
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	address:		
	NEW Registered Office Address:			_	27
	4300 S. US HIGHWAY I			_	
	JUPITER FL	33477		_	
chang agent was/r	limited 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 ere authorized by an affirmative vote of the members of icles of organization of the operating agreement of the	registentility of the limited	ered office an company, it is mited liabilit I liability con	d the business office of s hereby confirmed that ty company or as othery	the registered the change(s)
Sign	ature of a member or authorized representative of a member	-	TRICK WAI	Printed or typed name of s	ignee
I here provis the ob to men notifie	why accept the appointment as registered agent and agrifons of all statutes relative to the proper and complete dilgations of my position as registered agent as provided rely reflect a change in the registered office address, I had in writing of this change. Mayesented Tayesented Agent	ee to a perfor d for in hereby	ct in this cap mance of mv i Chapter 602 confirm that	acity. I further ourse to	· comply with the

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