

L22000085337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

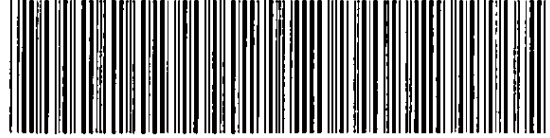
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200412487312

07/20/23--01012--010 **55.00

2023 JUL 20 AM 11:27
FILED
JUL 20 2023
JUL 20 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN KING, LLC

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:

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 report notification)

For further information concerning this matter, please call:

CHARLES POLLACK

770

668-9300

at ()

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 amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy

2023 JUL 20 AM 11:27

**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: CARIBBEAN KING, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

99 JANE STREET

NEW YORK, NY 10014

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

99 JANE STREET

NEW YORK, NY 10014

February 22, 2022

L22000085337

3. Date of filing/registration in Florida

4. Document number

5. (a) PATRICK WALSH

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1623 E HEMINGWAY DR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

602

NORTH PALM BEACH, FL 33408

(b) RAYE SENECAI

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4300 S. US HIGHWAY 1

JUPITER, FL 33477

2023 JUL 20 AM 11:27

FILED

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Patrick Walsh
Signature of a member or authorized representative of a member

PATRICK WALSH, MEMBER

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Raye Senecai
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314

FILING FEE: \$25.00

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CARIBBEAN KING, LLC

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:

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 report notification)

For further information concerning this matter, please call:

CHARLES POLLACK

770 668-9300
at ()

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 amount:

☐ \$25 Filing Fee

☒ \$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: CARIBBEAN KING, LLC

2. (a) Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

(b) Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

99 JANE STREET

99 JANE STREET

NEW YORK, NY 10014

NEW YORK, NY 10014

February 22, 2022

1.22000085337

3. Date of filing/registration in Florida

4. Document number

5. (a) PATRICK WALSH

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

1623 E HEMINGWAY DR

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

602

NORTH PALM BEACH, FL 33408

(b) RAYE SENECA

Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

4300 S. US HIGHWAY 1

JUPITER, FL 33477

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Patrick Walsh
Signature of a member or authorized representative of a member

PATRICK WALSH, MEMBER

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Raye Senecal
Signature of Registered Agent

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

2023 JUL 20 AM 11:27