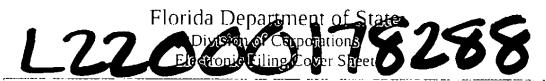
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000276303 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 : (813)436-5206

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 LOVE PEACE EMPANADA GREASE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu Corporate Filing Menu

Help

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: Love	Peace Empar	nada Greas	e, LLC	
- ,	,	Principal office address of limited liability (Note: MUST BE STREET ADDRE	company:	_ (0)_	,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
				- -	-	
		04/13/2022		L2	20001782	88
3.		Date of filing/registration in Flor	ida	4.		Document number
5. (a)	INC AUTHORITY RA				
J. (a	,	Registered Agent and Registered Office shown on t	he records of th	e Florida Do	ept. of State	:
		390 NORTH ORANGE AVE., STE 2300-N				
		Registered Office Address (MUST BE FLORII	DA STREET AL	ODRESS)		•
						- 20
		ORLANDO	, FL_3	32801		25 23 1
()	5)	Registered Agents Inc				AN FILI 2023 AUG - 9 SEGRE I AN TALL ANALYSIS
	,	Enter name of NEW Registered Agent and/or NEV	W Registered C	Mice addre	<u>ss</u> :	
		7901 4th St N				AM 7:
		NEW Registered Office Address:				高 <u>二</u> 2
		STE 300	<u></u>		·	•
		St. Petersburg	, FL_	3702		
the cager was/ the a	ha it w we intic	mited liability company is not organized unge or changes are made, the Florida street ill be identical. Or, in the case of a Florid reauthorized by an affirmative vote of the cles of organization or the operating agrees	address of the limited liab members of ment of the li	he register pility comp the limite	red office pany, it is d liability pility com	e and the business office of the registers s hereby confirmed that the change(s) y company or as otherwise provided in
Six	ノン mat	The ANY 15-WAY use of a member for authorized representative of a m	enihei			Printed or typed name of signee
The proving the to m	reb isio bli ere	by accept the appointment as registered agons of all statutes relative to the proper an gations of my position as registered agent by reflect a change in the registered office in writing of this change.	ent and asvec	erformand för in Cho ereby conf	this cape ce of my e iptér 605 irm that t	acity. I further agree to comply with th

Signature of Registered Agent