Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

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Account Name : REGISTERED AGENTS INC.

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

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DEPARTMENT OF STATE O

LLC REGISTERED AGENT CHANGE ESPRESSO SHOT, LLC

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Electronic Filing Menu

Corporate Filing Menu

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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. 8	Same of the limited liability company:	LLC					
2. (a)	(b)					
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)				
	05/12/2022	 L	.220002219	324			
3.	Date of filing/registration in Florida	—		Document number	r		
5. (a	PRIMEAU, ROBERT						
. 10	Registered Agent and Registered Office shown on the records of						
	4910 BURNT STORE RD.						
	Registered Office Address <u>(MUST BE FLORIDA STREET</u>	ADDRESS)		-			
(b)	PUNTA GORDA FI	L_ ³³⁹⁵⁵		-		~>	
	Northwest Registered Agent LLC			17.7	- - -	2023 A	*9
	Enter name of NEW Registered Agent and/or NEW Registered Office address:		- ,,	芸芸を	S	五. 岩	
	7901 4th St N			: : :	2023 AUG 14 PM Secondiscipling Dali advissed f		
	NEW Registered Office Address:			•	$\mathbb{P}_{\mathcal{L}_{i}}^{(i)}$	∓	
	STE 300			-		16	
	St. Petersburg	33702 I		_			
the chagent was/v	limited liability company is not organized under the la lange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited li- tere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	f the regist lability con of the limit	ered office npany, it is led liability	and the business s hereby confirmed y company or as of	office of that the	of the	registered ange(s)
	SOM SWATE	Nat S	mith				
Sign	Signature of a member or authorized representative of a member			Printed or typed name of signee			
provi. the ol to me. Hotjei	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address, I yd in writing of this change.	rec to act i e performa ed for in Ci hereby cor	n this cape nee of my c lapter 605 utirm that i	acity. I further ag duties, and I am fa i, F.S. Or, if this d the limited liabiliy	ree to c miliar locume v comp	rompi with nt is l any h	ly with the and accept being filed as been
"- Va	Taylor Hemilan - Assistant C	Secretary					
Signat	ure of Registered Agent						