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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

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

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## LLC REGISTERED AGENT CHANGE OSSO'S KITCHEN AND BAR LLC

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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.	Na	Name of the limited liability company: OSSO'S KITCHEN AND BAR LLC		
2.	(a)	Principal office address of limited liability company:	(b)	Mailing address of limited liability company:
		(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX)
2		06/01/2022  Date of filing/registration in Florida		2000252391
3.		Date of Hillightegistration to Florida	4.	Document number
5.	(a)	UNITED STATES CORPORATION AGEN		
		Registered Agent and Registered Office shown on the records of	the Florida Dept	. of State:
		476 RIVERSIDE AVE.		1
		Registered Office Address (MUST BE FLORIDA STREET		
		JACKSONVILLE . FI	32202	
	(b)	Registered Agents Inc		APPRO FILE SECRETAR MALUMINSS
	` '	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	address:
				PROVED AND AND FILED ANSSELLE ANSSELLE ANSSELLE
		7901 4th St N		<u></u>
		NEW Registered Office Address:		TO STA
		STE 300		<u> </u>
				Am \varTheta
		St. Petersburg , FI	33702	
the ag	e cha ent v as/we arti	imited liability company is not organized under the latinge or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member or authorized representative of a member	ws of the State f the registered iability compa of the limited limited liabil	e of Florida, it is hereby confirmed that after d office and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.  Robin Jones  Printed or typed name of signee
pr the to no	инге	by accept the appointment as registered agent and ageons of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I din writing of this change.		nis capacity. I further agree to comply with the of my duties, and I am familiar with and accept ter 605, F.S. Or, if this document is being filed m that the limited liability company has been
Si	)QV(( gnatu	David Roberts - Assistant Secreta	ry	