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To:

Division of Corporations Fax Number : (850)617-6383

From:

Account Name	:	REGISTERED AGENTS	INC.
Account Number	:	120090000081	
Phone	:	(307)200-2803	
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Enter the email address for this business entity to be used_for future annual report mailings. Enter only one email address pléase. 👝

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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 lighility company submits the following statement in order to change its registered office or registered agent, or both," in the State of Florida.

1)			bi		
	Principal office address of limited liability of (<u>Note: MUST BE STREET ADDRE</u>	• •		lailing address of limite (<u>Note: MAY BE POS</u>	• • •
	11/14/2022		L2200	0487170	
	Date of filing/registration in Flor	ida 4		Document number	
a)	LEGALINC CORPORATE SE	RVICES INC			
	Registered Agent and Registered Office shown on t				
	- Remstered Office Address — (MDST RE FLORI)	DA STREET ADDRES			
	Registered Office Address <u>(MUST BE FLORII</u> 476 RIVERSIDE AVE	DA STREET ADDRES	<u>is)</u>		
		<u>DA STREET ADDRES</u> FL_3220		Ţ,	26292
•)	476 RIVERSIDE AVE			ت .	5 . y Edil
•)	476 RIVERSIDE AVE JACKSONVILLE	FL_3220	2	C.	. 5
•)	476 RIVERSIDE AVE JACKSONVILLE Registered Agents Inc	FL_3220	2	ر .	л. 325 РН Ц:
•)	476 RIVERSIDE AVE JACKSONVILLE Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NET</u> 7901 4th St N <u>NEW Registered Office Address</u>	FL_3220	2	<u>ب</u> .	₽., 25 PH
))	476 RIVERSIDE AVE JACKSONVILLE Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEV</u> 7901 4th St N	FL_3220	2	۲.	A. , 25 PH L: 5

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.

A-EARD BARAAA

Robin Jones

Signature of a member or authorized tepresentative of a 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 natified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent

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