22600519345

	(Requestor's Name)
	(Address)
•••	(Address)
	(Addie55)
	(City/State/Zip/Phone #)
	—
PICK-UP	WAIT MAIL
	(Business Entity Name)
	(Bosiness Likky Haine)
	(Document Number)
Copies	Certificates of Status
'nstructions to	Filling Officer:
	<u> </u>
	[

Office Use Only



300407900213

- 5 2023

Ø

Incorporating Services, Ltd.

1540 Gleńway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com



ORDER FORM

TO Florida Department of State

FROM .

Melissa Moreau

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

850.656.7953

corphelp@dos.myflorida.com

850-245-6051

REQUEST DATE 5/4/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1144262

ORDER ENTITY

CHOCOLATE LOVERS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

CHOCOLATE LOVERS, LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, May 4, 2023 Page 1 of 1

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

o

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

l N	ame of the limited liability company: CHOCOL	ATE LOVERS, LI	.C		
	·				
	Principal office address of limited liability comp (Note: MUST BE STREET ADDRESS)	any:	٨	Lailing address of lunited lial (Note: MAY BE POST OF	oility company
	9559 COLLINS AVE , APT, 805-S			JNS AVE , APT, 805-8	
	SUR#SIDE, FL 33154		SURFSIDE	E. FL 33154	
	12/12/2022		.220005193		
3.	Date of filmg/registration in Florida	4.		Document number	
5. (a)	1				3703
, (a)	cords of the Florida	Dept. of State		2023 MAY -15
	LEVINE & FELLIG, P A				
	Registered Office Address MUST BE FLORIDAS	TREET ADDRESS)		-	
	927 LINCOLN RD , STE 200				- a 194
	MIAMIREACH	31170		•	۴۰۰ م
	MIAMI BEACH	PL		-	na na
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW R</u> SHAINA SCHOCHE1	egistered Office and			
	NEW Registered Office Address				
	1025 NE 3RD ST	_			
	HALLANDALE BEACH	. FL 33009		_	
changagent was/v the ar Sign I her provide o to me	limited hability company is not organized underge or changes are made, the Fierida street address will be identical. Or, in the case of a Florida liwere authorized by an affirmative vote of the merticles of organization or the operating agreement mature by animometer or authorized representative of a member of accept the appointment as registered agent is ions of all standes relative to the proper and cobligations of my position as registered agent as arety reflect a change in the registered office added in writing of this change	ss of the registere mited liability con embers of the lim at of the limited li- lion a per	d office an inpany, it i ited liabilit ability con Abrans in this can	d the business office of shereby confirmed that y company or as otherwapany Printed or typed name of signific. I further group to	the registered the change(s) ise provided in the change (s) is completed in the complete with the comp
•	Shalles				
Signi	ature of Registared Agent				

l

SCAN CONTROL BATCH COVER SHEET REGULATORY SPECIALIST II

SCANNER & DATE SCANNED: $\frac{5/9/23}{}$

EXAMINER: Anissa Butter

DATE: May 5, 2023

CORP BATCH COUNT:	
LLC BATCH COUNT:	
CORP FAX COUNT:	
LLC FAX COUNT:	
WILL WAIT COUNT:	10_
WALK IN COUNT:	17
TOTAL:	27