

L230000 42776

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

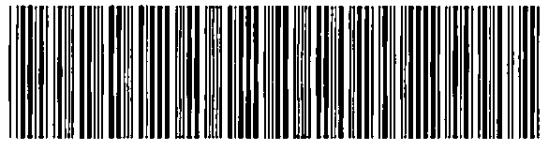
(Business Entity Name)

(Document Number)

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2024 JUL 22 AM 3:09  
SECRETARY OF STATE  
MAIL ROOM

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Boca Nashville Chicken LLC

\_\_\_\_\_  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sabri Arslankara

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

900 N Federal Hwy Suite 240

\_\_\_\_\_  
Address

Boca Raton, FL 33432

\_\_\_\_\_  
City/State and Zip Code

canarslankara@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sabri Arslankara

617

606-1381

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code & Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

2024 JUL 22 AM 3:09  
SECRETARY OF STATE  
TALLAHASSEE, FL

**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. Name of the limited liability company: Boca Nashville Chicken LLC

2. (a) Sabri Arslankara (b) Sabri Arslankara

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

900 N Federal Hwy Suite 240

Boca Raton, FL 33432

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

900 N Federal Hwy Suite 240

Boca Raton, FL 33432

01/27/2023

1.23000042776

3. Date of filing/registration in Florida

4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
SHABAN MALIK

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

9000 NW 44TH STREET, SUITE 204

SUNRISE, FL 33315

(b) Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

Sabri Arslankara

**NEW** Registered Office Address:

900 N Federal Hwy Suite 240

Boca Raton, FL 33432

2023 JUL 22 PM 3:09  
SECRET  
TALLAHASSEE

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.

Signature of a member or authorized representative of a member

Sabri Arslankara

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 notified in writing of this change.*

Signature of Registered Agent

**Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314**

**FILING FEE: \$25.00**