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## **COVER LETTER**

TO: Registration Section Division of Corporations		
Sorry Coffee SUBJECT:		
	Name of Limited	Liability Company
Dear Sir or Madam:		•
The enclosed Registered Agent/Registere	d Office Change an	nd fee(s) are submitted for filing.
Please return all correspondence concerns	ing this matter to the	e following:
Lanae Victoria		
Name of Person		
Sorry Coffee		
Firm/Company		<del></del>
5208 Adams st		
Address		<del></del>
Hollywood, FL 33021		
City/State and Zip C	ode	<del></del>
julianrvictoria@gmail.com		
E-mail address: (to be used for future	re annual report not	ification)
For further information concerning this m	natter, please call:	
Lanae Victoria	530 at (	519-6559
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 follo	owing amount:	
□ \$25 Filing Fee	ÒZ ?	\$55 Filing Fee & Certified Copy

## 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:				
2. (2	5208 Adams st Hollywood FL 33021		(b) 5208 Adams st Hollywood FL 33021		
2	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		_		2.3	
	1/30/2023		L23000052	449	
<ol> <li>3.</li> <li>5. (</li> </ol>	Date of filing/registration in Florida  Julian Victoria	4.		Document number	
J. (	Registered Agent and Registered Office shown on the records of th	ne Florid	a Dept. of State	• ::	
	Registered Office Address (MUST BE FLORIDA STREET A	<u>DDRES</u>	<u>S)</u>	•	
	Miami Beach , FL	33139			
(t	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> Lanae Victoria	Office as	idress:		
	NEW Registered Office Address:				
	5208 Adams st	<u>.</u>			
	Hollywood , FL	33021			
chan agen was/ thoa	elimited liability company is not organized under the law ge or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of picture of organization or the operating agreement of the law Maria.	register pility co the lin imited	ed office and empany, it is nited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.	
<u>-</u>	Manage of a member or authorized representative of a member			Printed or typed name of signce	
prov the o to m	reby accept the appointment as registered agent and agre sions of all statutes relative to the proper and complete p bligations of my position as registered agent as provided erely reflect a change in the registered office address. I had a writing of this change.	e to ac erform for in ( ereby c	t in this capa ance of my a Chapter 605, onfirm that t	wity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been	
	at Victoria man 68 mistered Agent				