

L23000093465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

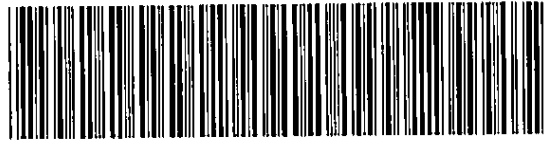
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SECRETARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Agape Frenchies 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:

Mike Hernandez

Name of Person

Mike Hernandez

Firm/Company

4370 SW 89 ave

Address

Miami, Florida 33165

City/State and Zip Code

axxyou563@gmail.com

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

For further information concerning this matter, please call:

Mike Hernandez

Name of Person

at (786) 782-1772

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

2023 JUN -6 PM 10:05
RECEIVED
TALLAHASSEE

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: Agape Frenchies LLC
2. (a) 4370 SW89 ave (b) 4370 SW89 ave

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

Miami Florida 33165

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

Miami Florida 33165

3. 02/21/2023
Date of filing/registration in Florida

4. L23000093465
Document number

5. (a) zeh Business Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

336 E. college Ave. Suite 301

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Tallahassee, FL 32301

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

4370 SW89 ave

NEW Registered Office Address:

Miami, FL 33165

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.

Mike Hernandez

Signature of a member or authorized representative of a member

Mike Hernandez

Printed or typed name of signer

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.

Mike Hernandez

Signature of Registered Agent