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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Addres			
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LLC REGISTERED AGENT CHANGE EXCELLENT CHEF SERVICES OF ORLANDO LIMITED LIABILITY

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Corporate Filing Menu

T. LEMIEUX Help MAR 1 6 2023

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

1. Na	ume of the limited liability company: EXCELLENT CHE	F SER	VICES OF	ORLANDO LIMITED LIA	BILITY COMPAN	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)			
	7901 4th St N STE 300	7901 4th St N STE 300				
	St. Petersburg, FL 33702 St. F			Petersburg, FL 33702		
	03/01/2023		L23000			
3.	Date of filing/registration in Florida	4.		Document number		
5. (a)	UNITED STATES CORPORATION AGENTS,	, INC.				
, ,	Registered Agent and Registered Office shown on the records of the	te Florid	a Dept. of Sta	le:		
	476 RIVERSIDE AVE.					
	Registered Office Address (MUST BE FLORIDA STREET A)	- -	7!			
				<i>ين</i>	ري دي	
				_	-m;	
	JACKSONVILLE , FL	32202	2	_	5	
(b)	Registered Agents Inc				80:81 St 21.18:08	
(0)	Enter name of NEW Registered Agent and/or NEW Registered (Office ac	ldress:		5	
				•		
	7901 4th St N				, Ø	
	NEW Registered Office Address:			_		
	STE 300					

	St. Petersburg , FL_	3370	2			
				_		
the cha agent v was/w	imited liability company is not organized under the law inge or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	the regi bility c the lir	istered offic ompany, it nited liabili	te and the business office is hereby confirmed that ty company or as otherw	of the registered the change(s)	
10	V					
<i>سرل 1</i> Signa	ture of a member or authorized representative of a member	<u> </u>	<u>obin J</u>	Printed or typed name of sig	tnee	
I here provis the obi to mer notifie	by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p igations of my position as registered agent as provided ely reflect a change in the registered office address, I had in writing of this change.	perforn for in ereby (t in this cap nance of my Chapter 60 confirm that	vacity. I further garee to	comply with the	
Signatu	ල් <u> </u>	/				