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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT: E	ddie Torres L	L C ited Liability Company	
	Name of Lim	ited Liability Company	
	Amendment and fee(s) are sub	-	
	Edo	lie Torres Name of Person	
ide - 10 - 5	(1 - Drin Masi	5 Donuts & Deli Firm/Company	ghts
	1778 KI	$\frac{f + e(\alpha)}{\text{Address}} = \frac{1}{\sum_{i=1}^{n} f_i} \frac{\mathcal{A}}{\mathcal{A}}$	n ; */
		City/State and Zip Code	
	e colie + o E-mail address: (to be used for future annual report not	(COM
For further information co	oncerning this matter, please co	all:	
Eddie Torre	Person	at (<u>40°7</u>) <u>575</u> Area Code Daytin	~ 9255 ne Telephone Number
Enclosed is a check for th	e following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	Street Address: Registration Se Division of Co The Centre of T 2415 N. Monro Tallahassee, F1	rporations Callahassee Street, Suite 810

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.

Name of the limited liability company:	-LC DBA Mass Donuts & Delli
(a)	(b)
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
1728 NE Miami Dr	1728 NE Miam. Dr.
# 1197 North Miami Brach Florida 33179	1-1197 North Miami Brack +1 33179
3/28/23	L 23000156431
Date of filing/registration in Florida	4. Document number
(a)	
Registered Office Address (MUST BE FLORIDA STREET A	1DDRESS)
, FL	
Registered Agents Inc	
(b) Enter name of NEW Registered Agent and/or NEW Registered	Office address:
7901 4th St N	
NEW Registered Office Address:	
STE 300	
St. Petersburg, FL_	33702
ent will be identical. Or, in the case of a Florida limited lia s/were authorized by an affirmative vote of the members of articles of organization or the operating agreement of the	the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
Eddil Tomes ignature of a member or authorized representative of a member	Eddie Torres Printed or typed name of signee
ovisions of all statutes relative to the proper and complete periodical of my position as registered agent as provided merely reflect a change in the registered office address, I have been address. I have been sent to be address. I have been address and the complete address and the complete address. I have been address and the complete address and the complete address.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept of for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been v
ified in writing of this change. David Roberts - Assistant Se	ecretary 28
enature of Registered Agent	See Property
Division of Corporations• P.O. B FILING FI	Box 6327• Tallahassee, FL 32314 💛 ┌ 🔽