L2300214589

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: The LOAF Shack Name of Limited Liz	,	
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 fo	ollowing:	
Shelly Wadsworth Name of Person		
THE LOAF SHACK, LLC.		
120 Ferndale Way Address	_	
St. Augustine, FL 32092 City/State and Zip Code	_	
E-mail address: (to be used for future annual report notific	Cation)	
For further information concerning this matter, please call:		
Shelby Wadsworth at (7100)	Nrea 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:		

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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: The LOOF Shack, UC.		
2. (a) The LOAF SMACK, LIC (b) The LOAF SMACK, LIC.		
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
120 Ferndale Way 120 Ferndale way		
St. Avgustine, FL 32092 St. Avgustine, FL 32092		
<u>5/1/2023</u> <u>L23000214589</u>		
3. Date of filing/registration in Florida 4. Document number		
5. (a) POCKET LAWYEY COYDOYATE SEYVICES LUC Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
Registered right and registered office shown on the records of the Florida Dept. of State.		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
155 Office Plaza DY, 1st Floor 营量		
Tallahasee FL 32301 量 T		
Charles wood a south		
(b) Shelby Wad Sworth Enter name of NEW Registered Agent and/or NEW Registered Office address:		
NEW Registered Office Address:		
NEW Registered Office Address.		
St Augustine FL 32092		
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.		
Shelby wadsworth		
Signature of a member 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		
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 Apont		