

L23 000 214 073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

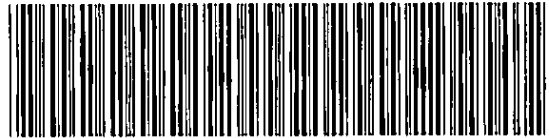
(Business Entity Name)

(Document Number)

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2023 MAY 26 AM 8:31
U.S. DISTRICT COURT
DISTRICT OF COLUMBIA

VW

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Eat To Live Food Store 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:

Elijah Abdullah
Name of Person

Eat To Live Food Store LLC
Firm/Company

902 N Myrtle Ave
Address

Jacksonville, FL 32204
City/State and Zip Code

eattolivejax@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Elijah Abdullah at (904) 803-0783
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 following amount:

☒ \$25 Filing Fee

☐ \$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: Eat To Live Food Stove LLC

2. (a) 902 N Myrtle Ave
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)

Jacksonville, FL 32204

(b) 6639 Leslie Oak Ln
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)

Jacksonville, FL 32222

3. 05/02/2023
Date of filing/registration in Florida

4. L23000216073
Document number

5. (a) Elijah Abdullah
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

6639 Leslie Oaks Ln
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Jacksonville
Jacksonville, FL 32224 32222

(b) Jahnella Abdullah
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6639 Leslie Oaks Ln
NEW Registered Office Address:

Jacksonville, FL 32222

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.

Elijah Abdullah
Signature of a member or authorized representative of a member

Elijah Abdullah
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 notified in writing of this change.

Elijah Abdullah
Signature of Registered Agent