## L23000322204

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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12/04/23--01017--013 \*\*25.00



## COVER LETTER \*

TO: Registration Section Division of Corporations	
·	
Top 5 Frenchies LLC SUBJECT:	
Name of Limited	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change ar	nd fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	e following:
Jose A Ramos	
Name of Person	
Top 5 Frenchies LLC	
Firm/Company	
1500 Penny Ave	
Address	<del></del>
Sebring FL 33870	
City/State and Zip Code	<del></del>
top5frenchies@yahoo.com	
E-mail address: (to be used for future annual report not	ification)
For further information concerning this matter, please call:	
Jose A Ramos 863	840-8819
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## 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. N	ame of the limited liability company: Top 5 Frenchies I	LLC			
2. (a)	1500 Penny Ave	(b)	1500 Penny Ave		
(-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)_	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Scbring FL 33870		Sebring FL 33870		
	07/07/2023		23000322204		
3.	Date of filing/registration in Florida	- <sub>4.</sub> —	Document number		
5. (a)					
	Registered Agent and Registered Office shown on the records of 640 Placid Lakes Blvd	the Florida D	•		
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	Lake Placid, FL	33852	PILED PH 2: 30 TALLAHASSEE FLORIDE		
(b)	Jose A Ramos		Fig. 2		
( )	Enter name of NEW Registered Agent and/or NEW Registered	Office addre	ess: 027 23		
	1500 Penny Ave				
	NEW Registered Office Address:		<del></del>		
	Sebring	33870			
	, FL				
change agent v was/wo	imited liability company is not organized under the law for changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia cre authorized by an affirmative vote of the members of the of organization or the operating agreement of the	registered of bility comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in		
/_	ture of a member or authorized representative of a member	Jose A	Ramos		
•			Printed or typed name of signee		
the obl to mere	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete jigations of my position as registered agent as provided ely reflect a change in the registered office address, I have the property of this change.	ee to act in performanc I for in Cha vereby confi	this capacity. I further agree to comply with the ce of my duties, and I am familiar with and accept spier 605, F.S. Or, if this document is being filed irm that the limited liability company has been		
Signator	re of Registered Agent				

Division of Corporations • P.O. Box 6327 • Tallahassec, FL 32314