L23000331629

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

Office Use Only



100415202471

09/88/23--01023--004 **55.00

2023 SEP -8 AM 8: 34

COVER LETTER -

INHS18 (2/14)

Registration Section Division of Corporations							
SUBJECT: TRUE NORTH COFFEE CO., Name of Limited Lie	u.c						
Name of Limited Lia	ability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change and f	ce(s) are submitted for filing.						
Please return all correspondence concerning this matter to the fe	ollowing:						
MATTHEW B GRIBBIE Name of Person	_						
Firm/Company	-						
2531 NU 84 th AVE APT 312 Address	_						
DORAL FL 33122 City/State and Zip Code	_						
E-mail address: (to be used for future annual report notifice.) For further information concerning this matter, please call:	cation)						
MATTHEN B GRIBBUE at (954 Name of Person) 254 - 1874 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:							
	5 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.

	-					
I. Na	ne of the limited liability company: TRUE NO				•	
2. (a)	2531 NW 8th AVE	_ (b)	2531 2			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			=	f limited liability E POST OFFIC	
	APT 312		MPT 3	12		
	DORAL PL 33122	-	DORAL	FL ?	33122	
	Date of filing/registration in Florida		L23000	3316	29	
3.	Date of filing/registration in Florida	4.	Docu	ıment nuı	mber	
5. (a)	MATTHEW B GRIBBIE					
J. (u)	Registered Agent and Registered Office shown on the records of th	ne Florida I	Dept. of State:			
	2531 NW 84th AVE					
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRESS)			<u>~</u>	
	APT 312				15. S.	
					TALLAHASSEE, FLORIDA	
	DORAL EL 33177 FL	3317	<u> </u>		NAK ASS	,
					SEE S	
(b)	MBG ACANISITIONS LLC					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Jilice addi	ress		OR OR	
	a = 1 1 culm . uf					2
	NEW Registered Office Address:					
	MPT 312					
	DORAL FL	3312	ıı			
agent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the raill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cless of organization or the operating agreement of the liab	egistered oility con `the limit	office and the pany, it is here ed liability con	business by confir pany or	office of the remed that the c	egistered hange(s)
	Mar B see		MATTHEW	13 (GRIBBLE	
Signat	ure of a member or authorized representative of a member		Print	ed or typed	I name of signee	
provision the oblination to mere	y accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I he in writing of this change.	e to act in erformar for in Ch ereby con	n this capacity. ace of my duties aapter 605, F.S. firm that the lir	I further i, and I ar Or, if th mited liah	r agree to com m familiar wit his document i bility company	ply with the h and accept s being filed has been
Signatur	e of Registered Agent					