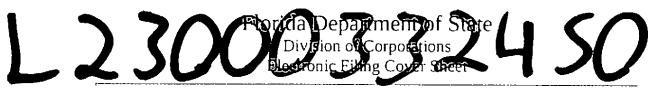
Division of Corporations



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone Fax Number

: (307)200-2803 : (813)436-5206

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email	Address:	 <u> </u>	 	

LLC REGISTERED AGENT CHANGE THE WHEELHOUSE COFFEE LLC

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Corporate Filing Menu

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S. RODERTS

JUL 18 2023

STATEMENT QF 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.

a)		(i	o)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 1194 Stillwood Court Port Orange Florida 32129					
			1194 Stillw						
			Port Orang						
	07/13/23		L23000332450						
	Date of filing/registration in Florida	4.		Document number					
(a)	UNITED STATES CORPORATION AGENTS, INC.								
	Registered Agent and Registered Office shown on the records of the Flortda Dept. of State:								
	476 RIVERSIDE AVE.								
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>	-					
				2023 J					
	JACKSONVILLE	วววกว		يدع. رسي					
	Fig. 7.	L_32202							
Lì	Registered Agents Inc								
b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:	- 10: n					
				9					
	7901 4th St N			٦ ص					
	NEW Registered Office Address:			-					
	STE 300			_					
	St. Petersburg , FI	33702		_					
chai it w /we artic	mited liability company is not organized under the lange or changes are made, the Florida street address o vill be identical. Or, in the case of a Florida limited I re authorized by an affirmative vote of the members cles of organization or the operating agreement of the work of a member of authorized representative of a member on authorized representative of a member on a of all statutes relative to the proper and complete gations of my position as registered agent as provide by reflect a change in the registered office address. I	f the reginability confidence in the limited in the	stered office ompany, it is nited liability liability con in Jones	e and the business office of the registers hereby confirmed that the change(s) y company or as otherwise provided in apany. Printed or typed name of signee					

Signature of Registered Agent