

L23000333982

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUL 31 2023
AM 11:27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: TASTY MEALS 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:

HGR
Leandro Sanchez
Name of Person

Firm/Company

10233 NW 9th Cir #113
Address

MIAMI FL 33172
City/State and Zip Code

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

For further information concerning this matter, please call:

Leandro Sanchez at (786) 312-5598
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: TASTY MEALS LLC

2. (a) 10233 NW 95T CIL #113 Miami (b) → SAME
Principal office address of limited liability company: FL 33172 Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. Date of filing/registration in Florida

4. Document number

5. (a) Miguel Leandro Sanchez
Registered Agent and Registered Office shown on the records of the Florida Dept. of State

10233 NW 95T CIL #113
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Miami FL 33172

FL

(b) Miguel Leandro Sanchez
Enter name of NEW Registered Agent and/or NEW Registered Office address:

10233 NW 95T CIL #113
NEW Registered Office Address:

Miami FL 33172

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.

[Signature]
Signature of a member or authorized representative of a member

Leandro Sanchez
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.

[Signature]
Signature of Registered Agent

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