Florida Department of

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (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. **

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LLC REGISTERED AGENT CHANGE MISO JEN KITCHEN LLC

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NOV 1 4 2023 K. Brumbley



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.	Na	me of the limited liability company: Miso Jen Kitchen L	.LC						
2. (a)		_ (b)					
		Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		-		of limited BE POST		
		07/18/23	_	L230003					
3.		Date of filing/registration in Florida	4.		Docu	iment ni	unber		
5.	(a)	NGUYEN, JENNIFER M							
		Registered Agent and Registered Office shown on the records of the 321 SEVILLE POINTE AVE	ie Flora	la Dept. of	State:				
		Registered Office Address (MUST BE FLORIDA STREET A)	<u>DDRES</u>	<u>(S)</u>					
		ORLANDO FL	32807		<u> </u>				
	b)	Registered Agents Inc					-	202	
'	,	Enter name of NEW Registered Agent and/or NEW Registered C	Office a	ddress:				2023 NOV	
		7901 4th St N					·)V I 3	
		NEW Registered Office Address:					- 3	PH	HON
		STE 300							-
		St. Petersburg FL	33702				•	36	
the dager was the a	cha nt v we irtí	mited liability company is not organized under the lawinge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or authorized representative of a member.	he reg bility c the lii imited	istered of ompany, nited liab	ffice and to it is herel pility com	the bush by confi pany or	ness offi irmed th	ice of that the c	ne registered hange(s)
Si	gnat	ure of a member or authorized representative of a member			Printe	al or type	d name of	signee	
prov the e to m	risi obli cre fiec	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have a change before the paying payi	perforn for in ereby o	et in this e nance of Chapter confirm t	capacity, my duties 605, F.S. hat the lin	l furthe and La Or, if t nited lia	r agree m famil his docu ibility co	to com iar with ment is ompany	ply with the h and accept s being filed has been
Sign	atu	e of Registered Agent							