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Ta:

Division of Corporations

Fax Number : (858)617-5383

......

From:

Account Name : FIRST COAST CORPORATE SERVICES

Account Number : 12024000035 Phone : (984)498-8391 Fax Mumber : (738)310-8269

**Enter the email address for this business entity to be used for further the email address please. ** ! If

Email Address:_____

LLC REGISTERED AGENT CHANGE MAVERICK RESTAURANT GROUP LLC

Certificate of Status	8
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M. SOLOMON

NOV 1 4 2024

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Help

COVER LETTER

TO: Registration Section Division of Corpo						
SUBJECT: MAVERICK	RESTAURANT GROUP	LLC				
	Name o	of Limited Li	ability Company			
Dear Sir or Madam:						
The enclosed Registered A	.gent/Registered Office	Change and	fee(s) are submitted for filing.			
Please return all correspon	dence concerning this n	natter to the	following:			
Kathy Butler						
N	ame of Person	•	_			
URA				(.) 	2024 NOV 13	
Fi	гтл/Сотрапу	•	_	·-: - 3 ·	1 VOI	err men
12900 Metcalf, Suite 140					3 PH	
	Address		_		÷:	O
Overland Park, KS 56221					91	
City/S	State and Zip Code					
info@uragents.com						
E-mail address: (to b	c used for future annual	report notifi	cation)			
For further information co.	ncerning this matter, ple	ease call:				
Kathy Butler		855 at (236-9172			
Name of F	erson		Area Code & Daytime Telephone ?	dumbe	г	
Mailing Address Registration Section of Corp P.O. Box 6327 Tallahassee, FL 3	cion orations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	10		
Enclosed is a che	ck for the following an	nount:				
□ \$25 Filing Fee		Q \$:	55 Filing Fee & Certified Copy			

INHS18 (2/14)

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.

			\$4.00 Per 10 Per
(a)		(b)	
, ,	Principal office address of limited liability company: (Nate: MI/ST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Nate: MAY BE POST OFFICE BOX)
	233 N MAIN STREET, SUITE 7	:	233 N MAIN STREET, SUITE 7
	GREENVILLE, SC 29601	······································	GREENVILLE, SC 29601
	09/14/2023	Li	23000429080
	Date of filing/registration in Florida	_{4.}	Document number
(a)	CORPORATION SERVICE COMPANY		
4.7	Registered Agent and Registered Office shown on the records of	f the Florida D	ept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	
	1201 HAYS STREET		ZOZY NOV
		32301-2525	ον 13
(b)	Universal Registered Agents, Inc.	-	3 PH 1
	Enter name of NEW Registered Agent and/or NEW Registered	<u>i Office addre</u>	
	NEW Registered Office Address:		***************************************
	1317 California Street		
	Tallahassec .FI	32304	
		~ ~~~	
inge ent w s/wc artic	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited have the authorized by an affirmative vote of the members of the of organization or the operating agreement of the	ws of the State registered of ability compositions of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
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