240000332355

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

Office Use Only



900440147459

11/25/24--01012--015 **25.00

2024 HOV 25 PM 2: 5 SECRETARY OF STATE TALLAHASSEF F, STATE



COVER LETTER

10: Registration Section Division of Corporations	
Rotisserie Commissary Holdco LLC SUBJECT:	
***	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Christopher Sallen	
Name of Person	
radic of Ferson	
Firm/Company	
835 13th St.	
Address	
Lake Park, FL 33403	
City/State and Zip Code	
chris@crchicks.net	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Christopher Sallen	561 313-6837
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	nt:
■ \$25 Filing Fee	☐ \$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 Floridal purpose.

)		(b)			i
Principal office address	of limited liability company: STREET ADDRESS)	:	Mailing addre	ess of limited liability company: (Y BE POST OFFICE BOX)	
9962 SE Canary Palm Way		Ç	9962 SE Canary Palm	Way	1
Tequesta, FL 33469			Fequesta, FL 33469		i
01/22/2024		L2	4000033255		ļ
	stration in Florida	4.	Document	number	·
Registered Agent and Registered Capitol Corporate Services,		ds of the Florida De	ept. of State:		
Registered Office Address (A)		EET ADDRESS)			•
515 East Park Avenue, 2nd I	Floor			2024 SE ALL	
Tallahasee		32301		ROI CRE AH.	
Christopher Sallen		; · · · ·		25 SECRETARY	3
Enter name of NEW Registered	Agent and/or NEW Regist	ered Office addre	72 :	PM 2: 59 PM 2: 59	
NEW Registered Office Address				\$ ¹¹ 9	1
835 13th St.					1
Lake Park		. FL ³³⁴⁰³		1. 2. 2. 2. 2. 2.	
limited liability company is recording to the File or changes are made, the File will be identical. Or, in the core authorized by an affirmative of organization or the o	case of a Florida limited tive vote of the member	the registered of d liability comp ers of the limited	any, it is hereby cor I liability company	ess office of the registered	
WALLEY LA			oher Sallen		; -
. • •	resentative of a member			ped name of signee	
by accept the appointment as ions of all statutes relative to lightions of my position of	registered agent and a the proper and comple	agree to act in . ete performanc	this capacity. I further of my duties, and t	her agree to comply with the I am familiar with and accep I this document is being filed iability company has been	,

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00