

L24 0000 45607

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

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2024 FEB -5 PM 6:08  
CLERK OF SUPERIOR COURT

1

PUREORGANIC LLC

Dear Sir or Madam:

Please return all correspondence concerning this matter to the following:

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Name of Person

Name of Person

Firm/Company
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Firm/Company

---

Address

Address

City/State and Zip Code

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

E-mail address: (to be used for future annual report notification)

Les Deak

914

391-0337

Name of Person

Area Code &amp; Daytime Telephone Number

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

☒ \$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.*

PUREORGANIC CAFE LLC

1. Name of the limited liability company: \_\_\_\_\_

LES DEAK

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

3479 NE 163rd St SUIT 1102

North Miami Beach, FL 33160

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

3479 NE 163rd St SUITE 1102

North Miami Beach, FL 33160

JANUARY 24, 2024

L24000045607

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) \_\_\_\_\_  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
UNITED STATES CORPORATION AGENTS, INC

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

476 RIVERSIDE DRIVE

JACKSONVILLE

32202

FL

(b) \_\_\_\_\_  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

LES DEAK

**NEW** Registered Office Address:

3479 NE 163RD ST. SUIT 1102

N MIAMI BEACH

33160

FL

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 of a member or authorized representative of a member

LES DEAK  
\_\_\_\_\_  
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 of Registered Agent

FILED  
2024 FEB -5 PM 6:09  
CLERK OF STATE  
TALLAHASSEE, FL