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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: FEL RESTOUTOV Name of Limite	HS UC ed 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:	
Lean Kirby Name of Person		
Fal Restaurants Le	<u>C</u>	
11101 SW 58th Augnut Address	erd	
Oxala FL 344710 City/State and Zip Code		
E-mail address: (to be used for future animal report in	L.COM notification)	
For further information concerning this matter, please call:		
Lean Kirby at (35) Name of Person	52)875-1547 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:		
X \$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: FEL RESTAURCHS LLC
2. (a) 998 Del Mar Drive Ste 108 (b) 111015W 58th Avenue R Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
lady 1 a la FL 3 2 159 Ocal a FL 3 4 4 7 10
3. Date of filing/registration in Florida 5. (a) Shown Down out Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 9352 SE 152nd Place Summer field FL 34491 (b) Lean Kirby Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address: 11101SW 58+N Aulnue Rd
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 authorised representative of a member 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