

MI3000007870

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DATE: 11/13/14

NAME: OUT BETTER HALVES, LLC

TYPE OF FILING: CHANGE OF AGENT

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114, 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: OUR BETTER HALVES, LLC

2. (a) Principal office address of limited liability company: 7100 N. CAPITAL DRIVE
(Note: **MUST BE STREET ADDRESS**) Lincolnwood, IL 60712

(b) Mailing address of limited liability company: 7100 N. CAPITAL DRIVE
(Note: **MAY BE POST OFFICE BOX**) Lincolnwood, IL 60712

12/12/13
3. Date of filing/registration in Florida

M13000007870
4. Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Agent: CORPORATE CREATIONS NETWORK, INC.

Registered Office Address: 11380 PROSPERITY FARMS ROAD #221E
PALM BEACH GARDENS, FL 33410

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

NEW Registered Agent: National Corporate Research, Ltd., Inc.

NEW Registered Office Address:
(**MUST BE FLORIDA STREET ADDRESS**) 155 Office Plaza Drive
Tallahassee, FL 32301

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.

Berry Bischoff
Signature of a member or authorized representative of a member

Berry Bischoff
Printed or typed name of signer

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.

Anthony E. Hruby
Signature of Registered Agent

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

FILING FEE: \$25.00