Division of Corporations

# 100000 6640

Page 1 of 2

#### Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000093001 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

Phone : (850)205-8842

Fax Number

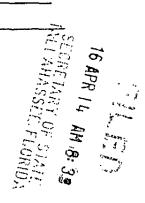
: (850)878-5368

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Emsi	l Add	dress	•

#### LLC REGISTERED AGENT CHANGE 5150 CRAFT CHOCOLATE, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00



APR 1 5 2016

J SHIVERS

Electronic Filing Menu

Corporate Filing Menu

Help

## COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	5150 Craft Chocolate, LLC					
SOPIECT	Name of Limited Liability Company					
Dear Sir or I	Madam:					
The enclose	d Registered Agent/Registered Offic	e Change and fe	e(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to the fol	lowing:			
Lyle S	. Genin					
	Name of Person		•			
Beerma	nn Pritikin Mirabelli Swe	rdlove LLP				
	Firm/Company		,			
161 N	. Clark Street, Suite	2600				
	Address		•			
Chicag	go, IL 60601					
<del></del>	City/State and Zip Code	<del></del>	•			
corpora	iteparalegal@beermar	nnlaw.com				
E-mail	address: (to be used for future annu	al report notifica	ition)			
For further i	nformation concerning this matter, p	olease call:				
	Chris Schultheis	at ( 312	、621-9700			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Divi Cliff 266	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building Clifton Building Clother Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					
Enc	losed is a check for the following s	mount:				
<b>[</b> ∕]\$	25 Filing Fee	<b>□ \$55</b>	Filing Fee & Certified Copy			
INHS18 (2/14	P)					

### 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.

. Na	ume of the limited liability company: 5150 Craft Choco	inte, LL		
2. <b>(a)</b>		(1	o) <u></u>	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	5300 Broken Sound Blvd, NW #10		5300 Brok	en Sound Blvd, NW #10
	Boca Raton, FL 33487	<del></del>	Boca Rato	n, FL 33487
	09/10/2014		M1400000	6640
3.	Date of filing/registration in Florida	4,		Document number
5. (a)	LYLE S. GENIN			•
	Registered Agent and Registered Office shown on the records of	- <u>-</u>	<u> </u>	
	Registered Office Address (MUST BE FLORIDA STREET. 5300 BROKEN SOUND BLVD NW #110			- (c)
	BOCA RATON , FL	33487		
<b>(b)</b>	CT Corporation System			APR 14 /
(-,	Enter name of NEW Registered Agent and/or NEW Registered	Office at	dress:	
	C T Corporation System			FIG. S.
	NEW Registered Office Address:			<b>変き 6</b> で
	1200 South Pine Island Road			
	Plantation . PI	33324		•
the charge was with a surf	imited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Abbritant Secretary liture of a member or authorized representative of a member by accept the appointment as registered agent and aging on of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I din writing of this change.  James Halpin,	the reg ability c of the lin limited	istered offic ompany, it i nited liabilit liability con	e and the business office of the registe is hereby confirmed that the change(s) ty company or as otherwise provided in nearly.  Lyle S. Genin  Printed or typed name of signee
o mer iolifie CTC	ely reflect a change in the registered office address, I din writing of this change. James Halpin, orporation System () Assistant Secretary	héreby c	confirm that	the limited liability company has been

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