

**M14000006640**

**Florida Department of State  
Division of Corporations  
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Fax Number : (850) 617-6383

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

Certificate of Status	0
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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5150 Craft Chocolate, LLC

Name of Limited 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:

**Lyle S. Genin**

Name of Person

**Beermann Pritikin Mirabelli Swerdlow LLP**

Firm/Company

**161 N. Clark Street, Suite 2600**

Address

**Chicago, IL 60601**

City/State and Zip Code

**corporateparalegal@beermannlaw.com**

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

For further information concerning this matter, please call:

**Chris Schultheis**

at ( 312 ) 621-9700

Name of Person

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

☒ \$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 Florida.

1. Name of the limited liability company: 5150 Craft Chocolate, LLC

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

Principal office address of limited liability company:

(Note: MUST BE STREET ADDRESS)

5300 Broken Sound Blvd, NW #10

Boca Raton, FL 33487

Mailing address of limited liability company:

(Note: MAY BE POST OFFICE BOX)

5300 Broken Sound Blvd, NW #10

Boca Raton, FL 33487

09/10/2014

M14000006640

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 the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

5300 BROKEN SOUND BLVD NW #110

BOCA RATON, FL 33487

(b) CT Corporation System

Enter name of NEW Registered Agent and/or NEW Registered Office address:

CT Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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.

Assistant Secretary

Signature of a member or authorized representative of a member

Lyle S. Genin

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. James Halpin,

By: CT Corporation System

Signature of Registered Agent

Assistant Secretary

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

INHS18 (2/14)