

(Requestor's Name)	
(Address)	
(Address)	_
(City/State/Zip/Phone #)	_
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	

Office Use Only



600414191486

2023 SEP - 1 AM 2: 52

2023 SEP - 1 AM 11: 50

RECEIVED

FILED



CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195	
	REFERENCE	:	945048	8423062	
	AUTHORIZATION	:	.D		
	COST LIMIT	:	\$ 25.00	all man	
ORDER DATE :	August 18, 2023				
ORDER TIME :	_				
ORDER NO. :	945048-033				
CUSTOMER NO:	8423062				
	CHANGE OF A	G <u>EN'</u>	<u>r</u>		
NAME:	FASTMILE DELI	VER	S, LLC		
PLEASE RETURN	THE FOLLOWING AS	PRO	OOF OF FII	JING:	
	TIED COPY STAMPED COPY				
CONTACT PERSON	J: Alexxis Weila	nd-s	sorenson		
	EX	IIMA	NER'S INIT	TIALS:	

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	me of the limited liability company:	ILE DELI	VERS,	LL	С					
(a)	5999 BUTTERFIELD ROAD HILLSIDE, IL 60	1162	(b)_	5999 BI	UTTERFIEL	D RO	AD HIL	LSIDE	, IL 60162
(=)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability com (Note: MAY BE POST OFFICE BO)						
	11/07/2016		_	_	160000	N8912				
	Date of filing/registration in Florida		4	_	100000	Documen	t numl	her		
(a)	is a continuous and a c		••			isocumen.		· ·		
	Registered Agent and Registered Office shown on the r Paracorp Incorporated Registered Office Address (MUST BE FLORIDA S				ept. of St	ate: 				
	155 Office Plaza Drive, 1st Floor		•							
	Tallahassee	.FL	32301			_		SEC	2023 SEP - I	
(b)	Enter name of NEW Registered Agent and/or NEW R Corporation Service Company	egistered (Office a	ddre	<u></u>			INE TANY OF STA	AH 2:	LED
	NEW Registered Office Address:					_			5 2	
	1201 Hays Street									
	Tallahassee	, FL	32301							
ange ent w s/we artic	mited liability company is not organized unde or changes are made, the Florida street addres ill be identical. Or, in the case of a Florida ling authorized by an affirmative vote of the meters of organization or the operating agreement of a member of a uthorized representative of a member of a member of authorized representative of a member	ss of the r mited liab embers of nt of the li	register oility co the lin imited	ed omp nite liab	office a pany, it d liabili pility co	nd the busin is hereby co ity company	ess of onfirm or as	fice of ed that otherw	the reg the cha ise pro	istered inge(s)
iereb ovisio obli mere	by occept the appointment as registered agent ons of all statutes relative to the proper and co- gations of my position as registered agent as , ly reflect a change in the registered office add in writing of this change.	and avre	e to ac erform for in (ereby c	t in anc Cha onf	this cap re of my opter 60 orm that	pacity I fur	ther a	eree to	compl	y with the ind accept peing filed as been
χJ	Grace E. K	irby, Ass	t. Vice	Pre	esident					