9/28/2017 Division of Corporations

M16000009039

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (512)418-6949
Fax Number : (954)208-0845

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

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DIVISION OF CORPORATIONS

LLC REGISTERED AGENT CHANGE
THE YERBA MATE CO., LLC

Certificate of Status	0
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Page Count	03
Estimated Charge	$25.00

2017 SEP 28 PM 4:02

Electronic Filing Menu Corporate Filing Menu Help

C SIMMONS
SEP 29 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE YERBA MATE CO., 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:

WILDS, JONATHAN
Name of Person

THE YERBA MATE CO., LLC
Firm/Company

5385 Dixie Landing Drive
Address

ATLANTIC BEACH, FL 32233
City/State and Zip Code

john@theyerbamatecc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

_____ at (_____) _____
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: THE YERBA MATE CO., LLC

2. (a) Principal office address of limited liability company: *(Note: MUST BE STREET ADDRESS)*

5385 Dixie Landing Drive

Jacksonville, FL 32224

(b) Mailing address of limited liability company: *(Note: MAY BE POST OFFICE BOX)*

5385 Dixie Landing Drive

Jacksonville, FL 32224

3. Date of filing/registration in Florida: 11/09/2016

4. Document number: M16000009039

5. (a) WILDS, JONATHAN

Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

5385 DIXIE LANDING DRIVE

JACKSONVILLE, FL 32224

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

C T Corporation System

NEW Registered Office Address:

1200 South Pine Island Road

Plantation, FL 33324

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17 SEP 28 AM 8:44
DIVISION OF CORPORATIONS

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 authorized representative of a member

Jonathan Wilds
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.

By: C T Corporation System
Signature of Registered Agent

Danny Verdecchia
Assistant Secretary

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

INHS16 (2/14)