

M18000006022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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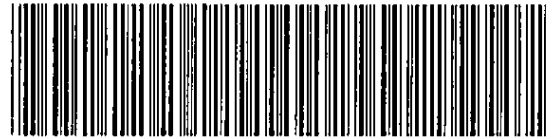
(Business Entity Name)

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T GLASS

SEP 26 2019

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

ACCOUNT NO. : I20000000195

REFERENCE : 933739 4724048

AUTHORIZATION :

*[Signature]*

COST LIMIT : \$ 25.00

ORDER DATE : September 25, 2019

ORDER TIME : 11:32 AM

ORDER NO. : 933739-005

CUSTOMER NO: 4724048

CHANGE OF AGENT

NAME: FISH HAWK BEEF O'BRADY'S LLC

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PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY

CONTACT PERSON: Amanda Robinson

EXAMINER'S INITIALS: \_\_\_\_\_

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISH HAWK BEEF O' BRADY'S, 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:

BRETON PERMESLY, ESQ.

Name of Person

GREENBERG TRAURIG, LLP

Firm/Company

200 PARK AVENUE

Address

NEW YORK, NY 10166

City/State and Zip Code

mknight@fscfranchiseco.com

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

For further information concerning this matter, please call:

Charmaine Perdon

212

801-9200

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

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**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: FISH HAWK BEEF O' BRADY'S, LLC

2. (a) FSC Franchise Co, LLC, 5660 W Cypress St (b) FSC Franchise Co, LLC, 5660 W Cypress St.

Principal office address of limited liability company:

Mailing address of limited liability company:

(Note: MUST BE STREET ADDRESS)

(Note: MAY BE POST OFFICE BOX)

Suite A

Suite A

Tampa, FL 33607

Tampa, FL 33607

June 27, 2018

M18000006022

3. Date of filing/registration in Florida

4. Document number

Michelle Knight

5. (a)

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

1200 South Pine Island Road

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

Plantation, FL 33324

(b) Michelle Knight

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

5660 W. Cypress Street, Suite A

NEW Registered Office Address:

Tampa, FL 33607

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.

Michelle Knight

Signature of a member or authorized representative of a member

Michelle Knight, Authorized Representative

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.*

Michelle Knight

Signature of Registered Agent

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

FILING FEE: \$25.00

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FLORIDA