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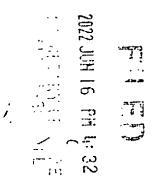
(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
(Otty/Glate/Elp/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Amend

Office Use Only



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COVER LETTER

TO:	Registratio Division of	n Section l'Corporations						
SUBJ	ЕСТ:	CATO	GROP dame of Foreig	n Limited	RESTA Liability Con	WEAUTS,	LLC	
	Sir or Madan							
The en	iclosed appli	cation, certific	cate and fee(s)	are submi	tted for filing).		
Please	return all co	orrespondence	concerning th	is matter to	the following	าย:		
	70.	HNSON	JOSEP	Н				
		Name of	Person					
	Caro	GROUP Firm/Cor	Of Rem	staura	uts, LL	.c		
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	ASTOR	FL City/State	3210 e and Zip Cod	2	<u></u>		(7) (1) (1) (1) (1) (1) (1)	Juli 16 Pi
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	4 - SO N	ution concerni ToSEA me of Person	ng this matter,	at (40	2 (₎	354-87		
	P.O. Box 6	on Section f Corporation	s		Division The Co 2415 N	ddress: ration Section on of Corporati entre of Tallaha I. Monroe Stre- assee, FL 3230	issee et, Suite 810	
□\$25	Enclosed i Filing Fee	√2 \$30 Fili	the following ng Fee & ate of Status	□ \$55 Fi	ling Fee & ied Copy		g Fee. te of Status & Ted Copy	
CR2E05	5 (9/15)	(1)	K # 38	7			· · · · · · · · · · · · · · · · · · ·	



FLORIDA DEPARTMENT OF STATE **Division of Corporations**

January 26, 2022

JOHNSON JOSEPH 21934 STATE RT. 40 ASTOR, FL 32102

Please See the new Correct form attached. Also a new Check is includ

SUBJECT: CATO GROUP OF RESTAURANTS, LLC Since A has been over

Go days from this letter

We have received your document for CATO GROUP OF RESTAURANTS, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LLC, but your entity is a FOREIGN LIMITED LIABILITY. Please complete and return the enclosed blank form(s).

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

TERARRA A SIMMONS **OPS**

Letter Number: 922A00002058

www.sunbiz.org

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN FLORIDA

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Caro Grove of Restaurants, LLC
Enter new principal office address, if applicable: 21934 State Rt 40
(Principal office address MUST BE A STREET ADDRESS) A Stor FL 32/02 B
Einter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Fig. 32
2. The Florida document number of this limited liability company is:
3. Jurisdiction of its organization:
4. Date authorized to do business in Florida: 08 02 2019
SECTION II (5-9 complete only the applicable changes)
5. New name of the limited liability company: (must contain "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")
6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:
Name of New Registered Agent: JOHNSON JOSEPH
New Registered Office Address: 21934 State Ps 40 Enter Florida Street Address
Enter Florida Street Address NSTOK City City Zip Code
New Registered Agent's Signature, if changing Registered Agent: 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. If Changing Registered Agent, Signature of New Registered Agent

itle/ Capacity	<u>Name</u>	Address Tyr	e of Action
19R	JOHNSON JOSEPH	21934 State Rt 40 (Add
		ASTOR, FL 32102	Remo
1612	ATINDER KHUR	1308 E. CHINABERRY	CT □Add
		JACKSONVILLE, FL 32259	Remo
			□Add
			Remo
			_ □Add
			□Remo
			□Add
	certificate, if required: no more than 90 ed amendment(s), duly authenticated by	days old, evidencing the the official having custody of records in the	□Remo

Filing Fee: \$25.00