

To: (850)617-6380 Page: 1/2 Fax: (813)436-5206  
Division of Corporations  
FD 5000045109

Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6380

From:  
Account Name : REGISTERED AGENTS INC.  
Account Number : T20090000081  
Phone : (307)200-2803  
Fax Number : (813)436-5206

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Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
DADDY'S FINGER LICKING JAMAICAN RESTAURANT, INC.

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$35.00

J DEBANG

MAY - 1 2024

# STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: DADDY'S FINGER LICKING JAMAICAN RESTAURANT, INC.
2. The principal office address: \_\_\_\_\_
3. The mailing address (if different): \_\_\_\_\_
4. Date of incorporation/qualification: 03/18/2005 Document number: P05000045109
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)

White, Keisha E

7901 4th St. N. 300

St. Petersburg, FL 33702

6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):

REGISTERED AGENTS INC

7901 4TH ST N STE 300

P.O. Box NOT acceptable

ST. PETERSBURG, FL 33702

The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.

Robin Jones  
Signature of an officer or director

Robin Jones, filing incorporator

Printed or typed name and title

*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 obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.*

David Roberts  
Signature of Registered Agent

05/01/2024

Date

If signing on behalf of an entity:

David Roberts

Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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