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COVER LETTER .

	egistration Section ivision of Corporations			
SUBJEC	SUNCOAST NATURAL BU	RGER IN	C.	
	Nan	ne of Limite	d Liab	ility Company
Dear Sir o	r Madam:			
The enclos	sed Registered Agent/Registered Off	ice Change	and fe	e(s) are submitted for filing.
Please reti	arn all correspondence concerning th	is matter to	the fol	llowing:
Stephan	W. Schenk, Esq.			
	Name of Person			•
MANOS	-SCHENK PL			
	Firm/Company			
1001 Bri	ckell Bay Drive			
	Address			
Miami Fl	_ 33131			
	City/State and Zip Code			
sws@m:	sworldlaw.com			
E-ma	ul address: (to be used for future ann	iual report n	otifica	tion)
For further	r information concerning this matter,	please call:	:	
Stephan	W. Schenk, Esq.	305		341-3100
	Name of Person		l	Arca Code & Daytime Telephone Number
Ro	FREET/COURIER ADDRESS: egistration Section vision of Corporations		Regis	LING ADDRESS: tration Section
Cl	ifton Building		Division of Corporations P.O. Box 6327	
	61 Executive Center Circle llahassee, Florida 32301		i allah	nassee, Florida 32314

■ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

□ \$25 Filing Fee



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

August 8, 2019

Re: Statement of Change of Registered Agent

SUNCOAST NATURAL BURGER INC.

Document No. P19000049813

To whom it may concern:

Enclosed:

- Cover letter
- Statement of change of registered agent
- Check no. 1363 issued by Hermes Consult LLC to Florida Department of State in the amount of \$55.00 (fifty five) for filing fee and for certified copy fee.

Please mail the certified copy to this law firm.

Best regards

Stephan W. Schenk, Esq.*

Partner

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

statement of cha	nnge is submitted for a corporatio	617.0502, 607.1508, or 617.1508, Florida Statute on organized under the laws of the State of <mark>FLORI</mark> or registered agent, or both, in the State of Florida	DA
1. The name of	the comporation: SUNCOAST	NATURAL BURGER INC.	
		St E, Palmetto FL 34221	
3. The mailing a	address (if different):		
4. Date of incor	poration/qualification: 06/11/2	2019 Document number: P19000049	9813
5. The name and		istered agent and registered office on file with the	
	SCHAEFER, KLAUS		
	5405 72nd St E		
	Palmetto FL 34221		
6. The name and (if changed):	d street address of the new registe	red agent (if changed) and /or registered office	2814 SS :
	MANOS-SCHENK PL		 2
	1001 Brickell Bay Drive	e, Suite 1200	ਰ ਸ਼
	P.O. Miami FL 33131	Box NOT acceptable	
The street addre		e street address of the business office of its regis	л o
		adopted by its board of directors or by an officer been notified in writing of the change.	
Signatu	re of an officer of director	KLAUJ* SCHAEFER Printed or typed name and title	
I further agree performance of agent. Or, if th hereby confirm	to comply with the provisions of my duties, and I am familiar with	gent and agree to act in this capacity. all statutes relative to the proper and complete h and accept the obligation of my position as res to reflect a change in the registered office addr	zistered ess, I
~ ~	half of an entity:		
	- SCHENK P. L.: yped or Printed Name	-	

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