P22000080263

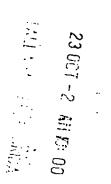
(Re	equestor's Name)			
(Ad	dress)				
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PICK-UP	MAIT	MAIL			
(Bu	siness Entity Na	ame)			
(Do	cument Number	r)			
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer.				
		J. HORNE			
		OCT 17 2023			
					





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10/02/23--01023--001 **35.00



COVER LETTER

TO:

Amendment Section Division of Corporations

SUBJECT: Longhorn looking Trc. Name of Corporation
DOCUMENT NUMBER: P2200080263
The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.
Please return all correspondence concerning this matter to the following:
Nella Sila Name of Contact Person Longwood Cooking Trc. Firm/Company Lett Sacrold Address Mellowere & 32935 City/State and Zip Code E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Contact Person at (3a) 844 - 0121 Area Code & Daytime Telephone Number
Enclosed is a \$35.00 check made payable to the Department of State.

Mailing Address: Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Amendment Section **Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

${\mathscr A}$ STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of change	e is submitted fo	or a corporation	n organized under t	, or 617.1508, Florida he laws of the State of	Flori	-1 -
1. The name of the 2. The principal off	corporation:	Longhoe Longhoe 1677 Sa Mellhoue	n locking and locking and fi	or both, in the State of INC.	Florida.	
3. The mailing add	ress (if different	1): 1677 S	iaeno-Rd	Mulbourne	FE 32	935
4. Date of incorpora	ation/qualificati	on: 10 19	22 Docum	nent number: <u>P</u> @	<u>300009</u>	<u>0263</u>
5. The name and str Florida Departme		_		gistered office on file v	vith the	
	Ne	Ua Silve	<u> </u>		_	
	ລເ	30 W	line St			
	<u> </u>	ocoa fi	32924		<u> </u>	
6. The name and state (if changed):	rect address of t			d) and /or registered o	— ffice	
	100 1007 1008	7 Soun	P.O. Box NOT acceptable R 3293	ic 35	131 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	23 DCT .
The street address as changed will be	of its registered identical.	d office and the	street address of t	he business office of	its registere	l agent,
	nuthorized by repoard, or the co	ilage	adopted by its boar seen notified in wr	rd of directors or by asiting of the change. Printed or typed name and	_	
I hereby accept the I further agree to co of my duties, and I document is being corporation has be	comply with the am familiar w filed merely to	e provisions of a ith and accept i reflect a chang	all statutes relative the obligation of m ze in the registerea	nct in this capacity. It to the proper and co By position as register Coffice address, I here	mplete perfo ed agent. O eby confirm	ormance r, if this that the
Signatu	Mella Si	iling ent		9/27/2	3	
If signing on behal	If of an entity:	•				
Турес	d or Printed Name		_			

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (04/13)

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