L12000067364

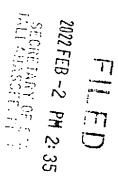
(Requestor's Name)							
(Address)							
(Address)							
	(City/State/Zip/Phone #)						
PICK-UF	P WAIT MAIL						
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificates of Status						
Special Instructions to Filing Officer:							
J. HORNE FEB 14 2022							





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02/02/22--01019--001 **25.00



COVER LETTER .

TO:		istration Section sion of Corporations		•
SUBJI	ECT:	DEAL.CO.FR LLC		
		1	Name of Limited I	Liability Company
Dear S	ir or N	Madam:		
The en	closed	d Registered Agent/Registered (Office Change and	d fee(s) are submitted for filing.
Please	return	all correspondence concerning	g this matter to the	following:
ANNA	. DAS	ZEWSKA		
		Name of Person		
MICI	LLC			
		Firm/Company		
.2462 E	MICE	HIGAN STREET SUITE 114		
		Address		
ORLA	NDO I	FLORIDA 32806		
		City/State and Zip Cod	le	
annada	szewsi	ka@yahoo.com		
E	-mail	address: (to be used for future	annual report noti	fication)
For fur	ther in	nformation concerning this mat	ter, please call:	
Suzzet	te De J	lesus	407 at (478-1866
		Name of Person		Area Code & Daytime Telephone Number
	Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fee

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:	DEAL.CO.FR LLC	?		
2 (a	ι)			(b)		
2. (0	.,	Principal office address of limited lia (Note: MUST BE STREET A		_ (0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	2	462 E. Lion	igen St.	_		
		arke 114, Olkand	071328	Cle		
		5/18/2012		_	L12	000067364
3.		Date of filing/registration in	Florida	4.		Document number
5. (;	a)	None				
(ered Agent and Registered Office show	vn on the records of th	e Florida I	Dept. of Stat	e:
	NON	\$E				
	Regis	tered Office Address (MUST BE F	LORIDA STREET AL	DDRESS)		-
•						-
	-		, FL_			9221 SEC
(b	ANN.	A DASZEWSKA				ARE TO THE
•		name of NEW Registered Agent and/	or <u>NEW Registered C</u>	office add	ress:	SST N
	ANN	JA DASZEWSKA				PM 2:
	NEW	Registered Office Address:		_		-
	2462	E MICHIGAN ST, SUITE 114				
	_	_	· ·			-
	ORL	ANDO	, FL_3	2806		-
If the	limited	liability company is not organi	zed under the laws	of the S	tate of Flo	orida, it is hereby confirmed that after the
agent	: will_be	identical. Or, in the case of a F	'lorida limited liab	ility com	ipany, it is	hereby confirmed that the change(s)
waszy the al	yero aut ticlesloj	norized by anjattirmative vote of organization or the operating a	of the members of greenient of the li	the limiti mited lia	ed hability bility com	y company or as otherwise provided in
	\			$ \langle \lambda \rangle$	nna	
Sigi	fature of a	member or authorized representative	of a member		11110	Primed or typed name of signee
provi the oi to me notifi	sions of hligation relivires	all statutes relative to the prop to of pre position as registered of lect of change in the registered of iting of this change.	ed agent and agree er and complete pe tgent as provided f ffice address, I he	to act in erforman or in Ch reby con,	i this capa ce of my a apter 605, firm that t	icity. I further agree to comply with the hities, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been