L17000170885

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





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04/07/25--01021--014 **55.00

2025 APR -7 AM 9:51

C/ 5/23/2025

COVER LETTER

TO: Registration Section Division of Corporations					
413 NE Van Loon En 111, LLC SUBJECT:					
Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered C	Office Change and	I fee(s) are submitted for filing.			
Please return all correspondence concerning	this matter to the	following:			
Kara Rogers, Esq.					
Name of Person					
Powers & Rogers, PLLC					
Firm/Company					
615 Cape Coral Pkwy, W., Suite 206					
Address					
Cape Coral, FL 33914					
City/State and Zip Code	e				
kara@capecorallawfirm.com					
E-mail address: (to be used for future a	innual report noti	fication)			
For further information concerning this matt	er, please call:				
Kara Rogers, Esq.	239 at (402-5955			
Name of Person		Arca Code & Daytime Telephone N			
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tailahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81 Tallahassee, FL 32303			
Enclosed is a check for the followi	ng amount:				
☐ \$25 Filing Fee		555 Filing Fee & Certified Copy			
INHS18 (2/14)					

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.

2. (a)		(b) _			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	326 SW 2nd Terrace	P	.O. Box 151759		
	Cape Coral, Fl. 33991		Tape Coral, FL 33915		
	08/10/2017	L1	7000170885		
3.	Date of filing/registration in Florida	4.	Document r	umber	
5. (a)					
. ,	Registered Agent and Registered Office shown on the records of	of the Florida De	pt. of State:		
	Burandt, Adamski, Feichthaler & Sanchez, PLLC			20	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			2025 APR	
	1714 Cape Coral Pkwy E.			APR PR	
	Cape Coral	L_33914		R-7 AM	
(b)	Powers & Rogers, PLLC			SEE. F	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office addre	77 :	72 5	
	NEW Registered Office Address:				
	615 Cape Coral Pkwy, W., Suite 206				
	Cape Coral, F	L 33914			
change agent v was/w	imited liability company is not organized under the factor changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	nws of the State registered of iability comport of the limited liab	ate of Florida, it is he office and the busines any, it is hereby con I liability company o	ss office of the registered firmed that the change(s)	
				ed name of signee	

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00

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