## L2000027661

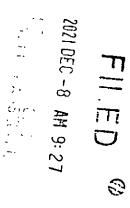
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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C. BRUMBLEY DEC 2 2 2021

## **COVER LETTER**

TO:	Registration Section Division of Corporations						
end t	FCT. FIN	D CDL J	OBS. LLC				
SUBJ.	UBJECT: Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	nclosed Registered Agent/Registered Office C	hange an	d fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	tter to the	e following:				
	ILIJA VRANJES						
	Name of Person	-	<del></del>				
	ELI TAX SERVICE, INC.						
	Firm/Company		<del></del>				
	2900 W IRVING PARK RD, STE C2						
	Address						
	CHICAGO, IL 60618						
	City/State and Zip Code	-					
	INFO@ELI.TAX		<del></del> .				
	E-mail address: (to be used for future annual re		ification)				
For fu	rther information concerning this matter, pleas	se call:					
	ILIJA VRANJES at	773	202-1144				
	Name of Person		Area Code & Daytime Telephone Number				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amo	unt:					
	■ \$25 Filing Fee		\$55 Filing Fee & Certified Copy				

TO:

## 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.

. (a)		(t	o)		
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	100 S ASHLEY DR. STE 600		100 S A	SHLEY DR, STE 600	
	TAMPA, FL 33602		TAMPA	ГАМРА, FL 33602	
	01/22/2020	<del></del>			
	Date of filing/registration in Florida	<del>-</del> 4.		Document number	
(a)	Registered Agent and Registered Office shown on the records o	f the Florida	i Dept. of S	tate:	
	TOSIC, DANILO			· ~	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<u></u>	180 J	
	2681 ROOSEVELT BLVD, APT #7303			ZOZI DEC	
	CLEARWATER . F	1. 33760		-8	
	· · · · · · · · · · · · · · · · · · ·				
(b)	Enter name of NEW Registered Agent and/or NEW Registered	<del>_</del> .		9:2	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office ad	<u>dress</u> :	27	
	TOSIC, DANILO			8	
	NEW Registered Office Address:			<del></del>	
	100 S ASHLEY DR, STE 600			_	
	TAMPA	33602			
		և <u></u>		<del></del>	
iange gent v as/we	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members of organization or the operating agreement of the	e register iability co of the lim	ed office ompany, i nited liabi	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided in ompany.	
V	Lutty X			Printed or typed name of signee	
<u></u>	ture of a member or authorized representative of a member				
T,					
hevel rovisi ne obl	hy accept the appointment as registered agent and agens of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, left in my itting of this change.	gree to act e perform ed for in ( hereby co	in this co ance of m Chapter 6 onfirm the	y duties, and I am familiar with and acce 05, F.S. Or, if this document is being file at the limited liability company has been	