LZ0000364309

(Requestor's Name)				
(Address)				
(133-55)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
- - -				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TALLATIAS SEC. FI

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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.

L. Na	ame of the limited liability company: Eight Resch Kid	s LLC		
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	375 12th Avenue S.	375 12th	Avenue S.	
	Naples, FL 34102	Naples, F.	1. 34102	
	11/30/2020	L20000364	(309	
3.	Date of filing/registration in Florida	4.	Document number	
			دے	
5. (a)	Registered Agent and Registered Office shown on the records o	 of the Florida Dept. of Sta		
	Corporation Service Company		CARE	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		- 8 7	
	1201 Hays Street		ALL BOX OF THE CONTRACT OF THE	
	Tallahassee, F	.L_32301-2525	SECRETARY SESTAL	
		<u> </u>	- 01	
(b)				
·	Enter name of NEW Registered Agent and/or NEW Registere	ed Office address:		
	HL Statutory Agent, Inc.			
NEW Registered Office Address:			_	
	5811 Pelican Bay Blvd., Suite 650			
		<u> </u>	_	
	Naples F	L_34108		
change agent v was/w	imited liability company is not organized under the last or 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 in the operating agreement of the	nws of the State of Flace registered office an iability company, it of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
telle	_ECUI MUXICO		Kelly Musico, President	
_	proper transmission authorized representative of a member		Printed or typed name of signee	
provisi the obi to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address. If it writingfof this change.	e performance of my ed for in Chapter 60	duties, and I am familiar with and accept 5, F,S. Or, if this document is being filed	
Signatu	re of Registered Agent			

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