## L20000367909

(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:									
J DENNIS JUL 27 2023									
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2023 MAY 30 PM 2: 36

FILED
SECRETARY OF STATE

## **COVER LETTER**

то:	O: Registration Section Division of Corporations									
SUBJ	Name of Limited Liability Company									
Dear S	Sir or Ma	dam:								
The er	nclosed R	egistered Agent/Registered O	ffice Chan	ge and	fee(s) are submitted for filing.					
Please	return a	I correspondence concerning	his matter	to the f	following:					
Ellen	Phillips	5								
		Name of Person		<del></del>	<del></del>					
Busir	nessRe	gistration.org								
		Firm/Company			<u> </u>					
1117	N Milw	aukee Ave Ste B11								
		Address			<del></del>					
Liber	tyville,	L 60069								
		City/State and Zip Code								
supp	ort@bu	sinessregistration.org								
f	E-mail ad	dress: (to be used for future a	ınual repo	rt notifi	cation)					
For fu	rther info	ormation concerning this matte	r. please c	all:						
Ellen	Phillips	<b>)</b>	at (	12	, 479 5061					
		Name of Person	··· (		Area Code & Daytime Telephone Number					
	Registr Division Clifton 2661 E	ett/COURIER ADDRESS: ration Section on of Corporations Building xecutive Center Circle assee, Florida 32301		Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, Florida 32314					
	Enclos	ed is a check for the followin	ng amoun(	t:						
	<b>2</b> \$25	Filing Fee		<b>S</b> 5	5 Filing Fee & Certified Copy					

INHS18 (2/14)

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FO LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability compar submits the following statement in order to change its registered office or registered agent, or both, in the State Florida.

1. N	lame of the limited liability company: Venice of	<u> </u>	ted Li	ving faci	1:49 /	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)				
	Verice FL 34285	-	N	irwood,	MA	22063
	Date of filing/registration in Florida		L200	0036790	7	
3.	Date of filing/registration in Florida	4.		Document numb	per	
5. (a	Registered Agent and Registered Office shown on the records of the 13-00 S PINE ISLAND REGISTERED ASTREET AT PLANTALION FL 3333	DDRESS	Dept. of State	-	2023 MAY 30 PM 2: 36 1	FILED  RECRETARY OF STATE  RECORPORATIONS
	NEW Registered Office Address: STE 300			-		
	St. Petersburg	_				
the cl agent was/v	limited liability company is not organized under the laws range or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the I	he regis bility co the lim	stered offici ompany, it i lited liabilit	e and the busines s hereby confirm y company or as	s office of ed that the	the register change(s)

Signature of a member or authorized representative of a member

Frederick Frankel ESQ

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accepte obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being file to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

What has been provided in the change of this change.

Signature of Registered Agent