121000392189

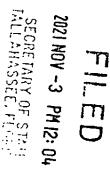
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
J. HORNE NOV 2:2 2021							

Office Use Only



500375886595

11/03/21--01004--004 **25.00



COVER LETTER .

TO:	Registration Section Division of Corporations			•	* *	•
SUBJ						
		Name of Limite	d Liability	Compa	ıny	
Dear S	Sir or Madam:					
The er	nclosed Registered Agent/Registered	Office Change	and fee(s)	are subr	mitted for	filing.
Please	return all correspondence concerning	g this matter to t	the followi	ng:		
Victor	ia Padron					
	Name of Person					
ZenBı	isiness Inc.					
	Firm/Company					
5511 F	Parkcrest Dr Ste 103					
	Address					
Austir	n, TX 78731					
	City/State and Zip Coo	ie				
fulfilli	ment@zenbusiness.com					
I	E-mail address: (to be used for future	annual report n	otification))		
For fu	rther information concerning this ma	tter, please call:				
Victor	ia	844 at (49	3-6249		
	Name of Person		Area	Code d	& Daytime	e Telephone Number
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Reg Div The 241	ision o Centre 5 N. M	on Section of Corpora of Talla	ations hassee treet, Suite 810
	Enclosed is a check for the follow	ing amount:				
	□ \$25 Filing Fee		\$55 Filin	ng Fee &	& Certifie	d Copy
INHSI	8 (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.

1.	Na	ame of the limited liability company:	l LLC			_				
2.	(a)	1007 North Federal Highway		(b) 1111 East Sunrise Boulevard						
	` ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(+,		Mailing address of limit	-	-	-	
		Suite 256			Unit 606					
		Fort Lauderdale, FL 33304			Fort Laud					
		09-01-2021		1	L21000392	189				
3.		Date of filing/registration in Florida	— 4.	-		Document number	1			
5.	(a)	GIFT, KIZZY D								
(b)	Registered Agent and Registered Office shown on the records of 1007 NORTH FEDERAL HIGHWAY Registered Office Address (MUST BE FLORIDA STREET)									
	FORT LAUDERDALE, F	 L	 14	_	_	SEC	2021 NOV			
	(b)	ZenBusiness Inc.					CRETARY LAHASSE	- 40		
	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	e add	ress:	_	SSE	င်			
		336 E. College Ave.					OF STATEL FLOW	PH 12: 04		
		NEW Registered Office Address:						<u>.</u>		
		Suite 301				_		+		
		Tallahassee, FI	L	1		_				
cha age was the	inge int w s/we artic	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	regis ability of the	terec con limi	l office an npany, it is ted liabilit	d the business office s hereby confirmed v company or as oth	e of the r that the c	egister change	ed (s)	
		<u>Is/ Kevin Garcia</u> ure of a member or authorized representative of a member	ŀ	<izzy< td=""><td>D Gift</td><td></td><td></td><td></td><td></td></izzy<>	D Gift					
						Printed or typed name	-			
I h pro the to i not	erel visit obli nere ified	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I in writing of this change.	ree to perfor d for i hereby	act i rmai in Cl v cor	n this cape nce of my e napter 605 nfirm that	acity. I further agre duties, and I am fan i, F.S. Or, if this do the limited liability	ee to com niliar wit cument i company	ply wi h and i s being has b	th the accept g filed een	
Sig	natur	e of Registered Agent								