## L22000060984

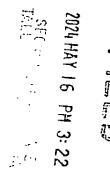
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
Mills	<u></u>			

Office Use Only



100429326231

05/46,0-- 01017--00- ••25.00



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SERAC PROPERTY INVESTMENTS, LL SUBJECT:	С
	imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to the following:
Courtney Proefrock	
Name of Person	
Anderson Business Advisors	
Firm/Company	
3225 McLeod Drive, #100	
Address	
Las Vegas, NV 89121	
City/State and Zip Code	
ra@andersonadvisors.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	call:
Courtney Proefrock	800 7064741
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 amou	nt:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

## 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)	107 N. 11TH ST, #636 (b) 107 N. 117			ΓΗ ST, #636		
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b) Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)			
	TAMPA, FL 33602		TAMPA, F	TL 33602		
	02/15/2022		L220000609	84		
	Date of filing/registration in Florida	4.		Document nu	mber	
(a)	BUSH ROSS REGISTERED AGENT SERVICES, LL	С				
(11)	Registered Agent and Registered Office shown on the records	· ;;				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES!	<u></u>			
	1801 N. HIGHLAND AVE				<b>20</b> 2	
	TAMPA	FL_33602			SECTAL TAY 16	
(b)	Anderson Registered Agents, Inc.				16	Ī
,	Enter name of NEW Registered Agent and/or NEW Register	red Office ad	ldress:	•	무 3:	
	625 E. Twiggs Street, Suite 110,				ા છું <sup>મ</sup> - કુંસ્ટ <b>22</b>	والم
	NEW Registered Office Address:			•		
		FL_33602				

Courtney	Proef	rock

Courtney Proefrock

Signature of a member or authorized representative of a member

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 accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed 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.

Signature of Registered Agent