

L22000 121544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

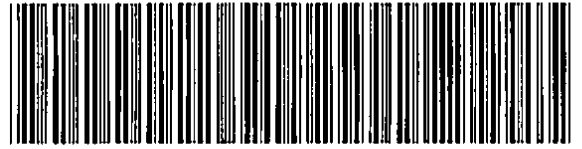
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FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 18, 2023

ARTHUR FARRINGTON
SELF MADE CARRIER SOLUTIONS LLC
18117 BISCAYNE BLVD., SUITE 2463
MIAMI, FL 33160

SUBJECT: SELF MADE CARRIER SOLUTIONS, LLC
Ref. Number: L22000121544

We have received your document for SELF MADE CARRIER SOLUTIONS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Profit Corporation, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6862.

Sean Toner
Director

Letter Number: 423A00011329

6-28

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Self Made Carrier Solutions, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Arthur Farrington / Arthur Farrington
(Name of Person)

Self Made Carrier Solutions, LLC
Firm/Company

18117 Biscayne Blvd #2463, Aventura, FLA
Address

Aventura, Florida 33160
City/State and Zip Code

info@selfmadecarrier.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Arthur Farrington at (786) 338.0854
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 amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

2012-05-17

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. Name of the limited liability company: Self Made Carrier Solutions, LLC

2. (a) 18117 Biscayne Blvd. #2463 (b) SAME
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

Aventura, FL.
33160

3. 3/1/23 Date of filing/registration in Florida 4. L22000121544 Document number

5. (a) INC AUTHORITY RA
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
390 North Orange Ave. STE 2300-N
Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

Orlando, FL 32801

(b) Arthur Farrington
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
18117 Biscayne Blvd. SUITE #2463
NEW Registered Office Address:

Aventura, FL 33160

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Arthur Farrington
Signature of a member or authorized representative of a member

Arthur Farrington
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.

Arthur Farrington
Signature of Registered Agent