L23000148554

(Red	questor's Name)				
(Add	dress)				
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(City	//State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	Certificates	s of Status			
Special Instructions to Filing Officer:					





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ALL SHASSEE, FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: FL Hospitality Solution Name of Limited Lin	ability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and i	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the f	
rease return an correspondence concerning and matter to the r	onowing.
Berill Hall	
Name of Person	_
FL Hospitality Solutions Firm/Company	_
Firm/Company	
569 Falcon Trail	_
325 78 Niccoulle, FL	_
City/State and Zip Code	
E-mail address: (to be used for future annual report notific	
E-mail address: (to be used for future annual report notific	cation)
For further information concerning this matter, please call:	
Birill Hell an 850	368 - 4068 Area Code & Daytime Telephone Number
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 □ \$5	5 Filing Fee & Certified Copy
INHS18 (2/14)	



September 4, 2024

BERILL HALL 569 FALCON TRAIL NICEVILLE, FL 32578

SUBJECT: FL HOSPITALITY SOLUTIONS LLC

Ref. Number: L23000148554

We have received your document for FL HOSPITALITY 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).

If you have any questions concerning the filing of your document, please call (850) 245-6000.

Neysa Culligan Regulatory Specialist III

Letter Number: 724A00019809

RECEIVED

SEP 2 0 2024

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.

				2 ! !		,	
1. Na	anne of the limited liability company: _ 569 Falcon Tvail	FL HOS	pitality	Solution	ons LLC		
2. (a)	569 Falcon Trail		(b)	569 F	alcon Trai	(
	Principal office address of limited liabi (Note: MUST BE STREET AD.	ility company:	_	Mailing ac	ddress of limited liab MAY BE POST OF	ility comp	
	325 78 Niceville F	<u></u>			Niccoille.		1
	<u> </u>	<u> </u>	<u> </u>		Noc Course		
				 .	<u>-</u>		
	04/02/2013			L23000	148 554		
3.	Date of filing/registration in F	lorida	4.	Docum	ent number		
5. (a)	Berill Haschekova						
	Registered Agent and Registered Office shown		he Florida Dep	t, of State:			
	107 Fulmar Civ.	No					
	Registered Office Address (MUST BE FLO	ORIDA STREET A	(DDRESS)				
						~3	
	32548 Fort Wellon B	rach , FL			ACT.	2024 SEP 20 PM 12: 38	
	ו. וו מ		1-		AH H	EP	
(b)	Benill Hall	VEW D. C. I		 -	(SSI	20	
	Enter name of <u>NEW Registered Agent</u> and/or	NEW Registered	Office address	:	m _S .	₽	
	569 Falson Tra	il			EL0	:21	
	NEW Registered Office Address:				공간 모든	38	
					P		
	0: - 12 1: 11						
	32578 Niewille	, FL_		•			
If the li	imited liability company is not organize	d under the law	s of the State	e of Florida, it i	s hereby confirm	ed that a	after the
change	or changes are made, the Florida street vill be identical. Or, in the case of a Flo	address of the r	registered of	fice and the bus	siness office of th	e registe	ered
was/we	ere authorized by an affirmative vote of cles of organization or the operating ago	the members of	the limited	liability compar	ny or as otherwise	e provic	led in
are aren	Sulf //	recine in or the t	пинец паон	Berell Hall, a	SWALK		
Signat	ure of a member or authorized representative of	a member		Printed o	r typed name of sign	ec	
I hereb	by accept the appointment as registered	agent and agre	e to act in th	is canacin 16	urther gaves to c	aniali i	ith the
he obli n mere	ons of all statules relative to the proper igations of my position as registered ag Iv reflect a change in the registered off I in writing of this change.	ana complete p ent as provided braaddeass 1 bi	for in Chapt wahn contin	oj mv auues, ar er 605, F.SOi	id Lam Jamiliar v r, if this documen	vith and it is beir	accept ig filed
notifiea	in writing of this change.	ice adaress, i fle	s coy conjur	э тасте итпе	ы навину сотра	ny nas i	veen
Signátur	re of Registered Agent						
1	3						