122000125347

(Requestor's Name)							
(Address)							
(Address)							
(1001033)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
` , ,							
(Document Number)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special monderne to 1 ming officer.							

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ALLAHASSEE ELOPIOA

AUG 3 1 2022 S. PRATHER

COVER LETTER

	gistration Section vision of Corporations						
SUBJECT	1024 Manor LLC						
3000101	Name of Limited Liability Company						
Dear Sir or	Madam:						
The enclose	ed Registered Agent/Registered Of	fice Change and fo	ee(s) are submitted for filing.				
Please retu	rn all correspondence concerning th	his matter to the fo	llowing:				
Sydney (Grice						
	Name of Person	.	_				
Andersor	n Business Advisors						
	Firm/Company		_				
3225 Mc	Leod Drive, #100						
	Address		-				
Las Vega	as, NV 89121						
	City/State and Zip Code		-				
ra@ande	ersonadvisors.com						
E-ma	il address: (to be used for future an	nual report notific	ation)				
For further	information concerning this matter	r, please call:					
Sydney C	Grice	800	7064741				
	Name of Person	*** \	Area Code & Daytime Telephone Number				
Rej Div Cli 266	gistration Section vision of Corporations office Building 61 Executive Center Circle llahassee, Florida 32301	Regi Divi: P.O.	HANG ADDRESS: stration Section sion of Corporations Box 6327 shassee, Florida 32314				
En	closed is a check for the following	g amount:					
	\$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.

1. Na	ame of the limited liability company: 1024 Manor L	.LC					
2. (a)	3225 McLeod Dr, Suite 100	(h	"). 	cLeod Dr, Suite 100			
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		A	-	address of limited liability company: : MAY BE POST OFFICE BOX)		
	Las Vegas, NV 89121		Las Veg	as, NV 89121			
	03/11/2022	_	L220001	25347			
3.	Date of filing/registration in Florida	4.		Document number		-	
5. (a)	NORTHWEST REGISTERED AGENT LLC						
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	a Dept. of State	-):			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4TH ST N STE 300						
	ST PETERSBURG .FL	33702		· -			
(b)	Anderson Registered Agents, Inc.				IALL AHASS	2022	
` '	Enter name of NEW Registered Agent and/or NEW Registered	Office ad	dress:	-	AHA.	Ę	
	625 E. Twiggs Street, Suite 110				365 E	<u></u>	
	NEW Registered Office Address:				ŕ STAT Florii	2022 JUN 13 PM 4: 08	J
	Tampa, FL	33602			DA	90	
the cha agent was/w the art	limited liability company is not organized under the lavange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited liaere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the ney Grice	the reginability confithe limited	stered office ompany, it is nited liability liability com	e and the business offices hereby confirmed that y company or as otherwanny.	e of the t the cha	regist ange(s	tered i)
	ature of a member or authorized representative of a member		dney Grice	Printed or typed name of s	ignee		
I here provis the ob- to mer	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I is discussful of this change.	ee to act perform d for in (hereby c	t in this cape ance of my o Chapter 605 onfirm that	acity. I further agree t	o compl	v with and ac being) as bec	the cept filed n

A. T. Mathis, President

Signature of Registered Agent