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| (Re | questor's Name) | | | | | | |
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| PICK-UP | ☐ WAIT | MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | | | |
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| Special Instructions to | Filing Officer: | | | | | | |
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Office Use Only



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COVER LETTER

| TO: | Registration Section Division of Corporations | | | |
|--------|-----------------------------------------------|-----------------|--------------|------------------------------------------------------------|
| SUBJ | | | | |
| |] | Name of Lim | ited Lia | bility Company |
| Dear S | Sir or Madam: | | | |
| The er | nclosed Registered Agent/Registered | Office Chang | ge and f | ce(s) are submitted for filing. |
| Please | return all correspondence concerning | g this matter (| to the fo | ollowing: |
| Anthoi | ny A Karam | | | |
| | Name of Person | | | _ |
| Сорре | LLC | | | |
| | Firm/Company | | | |
| 13085 | 31 Mile Road | | | |
| | Address | | • | _ |
| Washii | ngton, MI 48095 | | | |
| | City/State and Zip Coo | le | _ | _ |
| manwa | ur999@msn.com | | | |
| I | E-mail address: (to be used for future | annual repor | t notific | ation) |
| For fu | rther information concerning this mat | iter, please ca | dt: | |
| Antho | ny Karam | 58 at (| 6 | 321-9976 |
| | Name of Person | | | Area Code & Daytime Telephone Number |
| | Mailing Address: | | | Street Address: |
| | Registration Section | | | Registration Section |
| | Division of Corporations | | | Division of Corporations |
| | P.O. Box 6327 Tallahassee, FL 32314 | | | The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 |
| | Tananassee, FL 32314 | | | Tallahassee, FL 32303 |
| | Enclosed is a check for the follow | ing amount: | : | |
| | □ \$25 Filing Fee | | | 5 Filing Fee & Certified Copy |

INHS18 (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. 1 | lame of | the limited liability company: COPPER LLC | | | | | | | |
|-------------------------------------------|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------|-------------------------------------|-----------------------------------------------------------------|--------------------------------------------------|---------------------------------------|-------------------------|--------------------------------------------------------|
| 2. (a |) | | 4 | (b) | | | | | |
| 2. (4 | | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | (0) | Ma | ailing addre (<u>Note: MA</u> | | | ity company; ICE BOX) |
| | 1308 | 5 31 Mile Road | | | 13085 31 Mi | le Road | | | |
| | Wash | hington, MI 48095 | <u>-</u> | | Washington, | MI 48095 | <u>.</u> . | | |
| | 4/11/2 | 2000 | | i. | 0000000418 | I | | | |
| 3. | | Date of filing/registration in Florida | 4. | _ | D | Ocument | number | | |
| 5. (a | IANI | DOLAN | | | | | | | |
| ٥. (د | | ered Agent and Registered Office shown on the records of the | he Flori | da I | Dept. of State: | | | | |
| | Сорр | oer LLC | | | | | | | |
| | Regist | tered Office Address (MUST BE FLORIDA STREET A | DDRES | SS1 | | | | | |
| | 300 F | Briny Ave. | | | | | | | |
| | Pomp | pano Beach | 33062 | - | | | | | |
| | | | | - | | | | | |
| (b | MICH | IAEL CHURCHWARD | | | | | | | |
| , | Enter | name of NEW Registered Agent and/or NEW Registered | Office a | <u>ıddr</u> | ress: | | | 2021 | |
| | Сорр | per ELC | | | | | 1.57 | ; ; ; | vietate i |
| | NEW | Registered Office Address: | | | | | # | င္မာ |) (1124) |
| | 300 E | Briny Ave. | | | | | (6) en (m 7) | P | |
| | Pomp | pano Beach | 33062 | | | | STATE E. FL | PH 1: 24 | O |
| chang agent was/v the ar Sign | ge or chi will be vere aut ticles of ature of a | liability company is not organized under the law anges are made, the Florida street address of the indentical. Or, in the case of a Florida limited liability of an affirmative vote of the members of organization or the operating agreement of the law a member of authorized representative of a member sept the appointment as registered agent and agree fall statutes relative to the proper and complete in the proper and complete in the properties of the properties of the properties. | registe bility of the linited An ee to ac | ered com mit l lia itho | office and apany, it is hed liability of bility company A Karam | the busing nereby co company any. Printed or ty | ess office nfirmed to or as oth | of the hat the erwise | e registered e change(s) e provided in e e |
| the or to me notifi | bligation rely ref gg in wi La | tall statutes relative to the proper and complete pass of my position as registered agent as provided lect a change in the registered office address, I have the change of this change. | Jor in erehy o U (C | con con | iapier 605, i firm that the | r.s. Or. e limited CHU | ij inis and liability d V2C Ha | umeni :ompai JA-A | ns being filed ny has been |
| Air in | lure of Re | egistered Agent | | | | 10 | 14/2 | 202 | -/ |
| • | | Division of Cornerations P.O. B | \ lox 63' | 274 | Tallahace | eo Fl 37 | 314 | | |

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 FILING FEE: \$25.00