L01000011899

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





900371285109

08/09/21--01035--024 **25.00





COVER LETTER

TO:	Registration Section Division of Corporations									
SUBJE	Proverbs, LLC									
	Name of Limited Liability Company									
Dear S	ir or Madam:									
The en	closed Registered Agent/Registered Of	fice Change and	I fee(s) are submitted for filing.							
Please	return all correspondence concerning th	nis matter to the	following:							
Andrew	r H Maxim									
	Name of Person									
	F: 10									
205 72	Firm/Company									
303 Dia	amond Vlg Apt 15 Address									
Gaines	ville, FL 32603									
	City/State and Zip Code	· ·								
amaxin	n@proverbsllc.com									
E	-mail address: (to be used for future an	nual report notif	fication)							
For fur	ther information concerning this matter	, please call:								
Andrev	v H Maxim	727 at (687-0071							
	Name of Person		Area Code & Daytime Telephone Number							
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327		Street Address: Registration Section Division of Corporations The Centre of Tallahassee							
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
	Enclosed is a check for the following	g amount:								
	■ \$25 Filing Fee	a s	☐ \$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.

2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b	(b)				
2. (u)			(0	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)				
	St Petersburg, FL 33709			St Petersbu	ırg, FL 33709			
	07/18/2001			L010000118	399		<u> </u>	_
3. 5. (a)	Date of filing/registration in Florida MAXIM, ANDREW H	4.	•		Document nu	ımber		
2. (u)	Registered Agent and Registered Office shown on the records of 4374 37TH AVENUE N	- c; -						
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	ESS)	_	49 2157	2021	Ęď
	St Petersburg , F	33713	,		_		2021 AUG	77
(b)	MAXIM, ANDREW H			_	HIASSI	-9 AM	m	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	ade	<u>iress</u> :			9	D
	305 Diamond Vlg Apt 15						9:47	
	NEW Registered Office Address:				_			•
	Gainesville, F	FL	,		-			
change agent v was/w	imited liability company is not organized under the less or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members teles of organization or the operating agreement of the	ne regist liability s of the l	ere co: im	d office and mpany, it is ited liability	d the business s hereby confi y company or	office of t rmed that t	he reg he cha	istered inge(s)
ے	Joseph .	Α	ndı	ew H Maxin	n			
Signa	ture of a member or authorized representative of a member	_			Printed or types	d name of sig	nee	- •
provisi the obl to mer	by accept the appointment as registered agent and as ions of all statutes relative to the proper and complet igations of my position as registered agent as provid ely reflect a change in the registered office address, a d'in writing of this change.	gree to d le perfor led for it I hereby	nct ma n C	in this capa ince of my a hapter 605, nfirm that t	acity. I furthe duties, and I a , F.S. Or, if to the limited lia	r agree to m familiar his docume bility comp	comply with a ent is b eany he	wwith the and accept being filed as heen

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

Signature of Registered Agent