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To:

civision of Corporations

Fax Number : (850) 617-6393

From:

Account Name : INCORP SERVICES INC

Account Number : 120120000007 Phone : (702)866~2500 Fax Number : {702}900~2290

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JUN 10 2022

K. Brumbley

(((H220002004053)

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TO: Registration Section Division of Corporations	
	OTORS, LLC
Name of Limi	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	o the following:
Kelsie Stacy	
Name of Person	
InCorp Services, Inc.	
Firm/Company	
3773 Howard Hughes Pkwy. · Suite 500S	
Address	
Las Vegas, NV 89169-6014	
City/State and Zip Code	
documents@incorp.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	11:
Kelsie Stacy for InCorp Services, Inc. at (702) 866-2500
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	The Centre of Tallahassee
Tallahassee, FL 32314	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
INHS18 (2/14)	

(((H22000200405;

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.

MILITARY TRAIL Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) BEACH, FL 33484 L06000111736 Document number
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orida, it is hereby confirmed that after e and the business office of the registerers hereby confirmed that the change(s) y company or as otherwise provided in apany. Sean Gooden Printed or typed name of signee vacity. I further agree to comply with the duties, and I am familiar with and accept, F.S. Or, if this document is being filed the limited liability company has been vices, Inc.
e 8 3 0

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