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(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:					
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SECRETARY OF STATE

JU 10/01/20

COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: 3705 Neal Es	tate, CLC ited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter t	to the following:					
Chris Tadro S Name of Person						
Pullips Tadvos, PA Firm/Company						
12 SE 7th Street, Suite 803 Address						
Fort Lander dale FL 33301 City/State and Zip Code						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Chris Tadros at (954_) 642-8885 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	□ \$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.

	22 ~	0.00	1. 11.	
	me of the limited liability company: 3705			
2. (a)	3705 N. US Hishway 17	(b)	Same.	nited liability company:
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		-	POST OFFICE BOX
	Deland, FC 32720	•		
	. ,		12 (3	
	Date of filing/registration in Florida		12000(30	
3	^	4.	Document numb	or
5. (a)	Chins Tadros			
	Registered Agent and Registered Office shown on the records of		f State:	
	212 SE 8th Street, Svite 1	03		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		>
	Fort			9 20
	Fort Lauderdale, F	, 2221	(0	F I 1020 AUG - 7 SECRETAR
	Port Caudotavoc, F	L <u> </u>		
(b)	Mins Tadvos			CO COMMITTED
(0)	Enter name of NEW Registered Agent and/or NEW Registere	d Office address:		AM 10: 59
				O. C.
	12 SE 7th Street			3T 9
	NEW Registered Office Address:			
	Svite 803			
	_ Eart LauderdaleE	L 3330	<u> </u>	
If the li	mited liability company is not organized under the la	iws of the State o	of Florida, it is hereby	confirmed that after the
change	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited 1	e registered offic	e and the business of	lice of the registered
was/wo	re authorized by an affirmative vote of the members	of the limited lia	bility company or as	otherwise provided in
the arti	cles of organization or the operating agreement of the	c limited liability	company.	042100
Signal	of of a member or authorized representative of a member	HICH.	HARLES TA	me of signee
_				
provisi	by accept the appointment as registered agent and ag outs of all statutes relative to the proper and complete identity of the position as registered agent as provide	e performance of ed för in Chapter	"my duties, and I am] - 605, F.S. Or, if this	amiliar with and accept document is being filed
to mere	oils of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I fin writing of this change	hereby confirm	that the limited liabili	ty company has been
nointe				
Signatu	of Registered Agent			