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COVER LETTER

- · ·	
TO: Registration Section Division of Corporations	
SUBJECT: //w/K/n face/ Name of Lin	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
STEURO BRANKY Name of Person Walten Tord Gray	
Address Depty Bred Forms City/State and Zip Code	33484 33484
E-mail address: (to be used for future annual repo	
For further information concerning this matter, please of	call:
Name of Person	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 amoun	ıt:
\$25 Filing Fee	□ \$55 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. Name of the limited liability company:	tol Garen 116
2. (a) The Hinted Hability company: Principal office address of limited fiability company: (Note: MUST BE STREET ADDRESS) Description:	(b) 264 Flanting Amazing address of limited liability company: (Note: MAY BE POST OFFICE BOX) Dailey Box H
33484 6/5/2022 - REVISED	FLVNK, 33434 Z L12000149584 Document number
5. (a) Bate of Hing/registration in Florida Registered Agent and Registered Office shown on the records of the F Registered Office Address (MUST BE FLORIDA STREET ADD	Florida Dept. of State:
Dele Flaciens 7. Deleny Bena FI.	33454 P
(b) STEUFU BRANAU Enter name of NEW Registered Agent and/or NEW Registered Office Address:	
Dusky Box4FL_	
If the limited liability company is not organized under the laws of change or changes are made, the Florida street address of the regagent will be identical. Or, in the case of a Florida limited liability was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the limited liability.	ity company, it is hereby confirmed that the change(s) he limited liability company or as otherwise provided in nited liability company.
A contract conceptative of a member	Printed or typed name of signee

Signature of a member of sufficiency of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent