13000101217

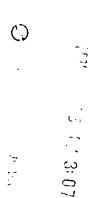
(Re	questor's Name)	
(Ad	dress)	
		
(Ad	dress)	
(Cit	y/State/Zip/Phone #1	
PICK-UP	WAIT	MAIL
(Bu	siness Enlity Name)	
(Do	cument Number)	
: Copies	Certificates o	f Status
.al Instructions to Filin	ng Officer:	

Office Use Only



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2023 JAN 13 MM 9: 30



A CUTIER
JAN 17 2023

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE, 1/13/2023

PRIORITY Regular Approval

OUR REF # (Order ID#), 1110802

ORDER ENTITY

LIMITLESS INVESTMENT & CAPITAL L.L.C.

PLEASE PERFORM THE FOLLOWING SERVICES:

LIMITLESS INVESTMENT & CAPITAL L.L.C. (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Friday, January 13, 2023 Page 1 of 1

COVER LETTER

TO:		stration Section sion of Corporations						
SUBJE	ECT:	Limitless Investment & Capital L.L.C.						
2.012.		Name of Limited Liability Company						
Dear S	ir or N	Aadam:						
The en	closed	Registered Agent/Registered Office Cha	nge and fe	ee(s) are submitted for filing.				
Please	return	all correspondence concerning this matte	r to the fo	ollowing:				
Michae	dA, R	oberts						
		Name of Person		_				
		Firm/Company		_				
		, ,						
2200 E	Willis	ams Field Rd., #200		_				
		Address						
Gilbert	. AZ 8	5295						
		City/State and Zip Code		-				
mike@	limitle	ssinvestmentandeapital.com						
E	E-mail	address: (to be used for future annual repo	ort notific	ation)				
For fur	rther in	nformation concerning this matter, please	call:					
Karla R	Roberts	/ Titus Brueckner & Levine, PLC	480	309-8815				
		Name of Person		Area Code & Daytime Telephone Number				
	Mai	ling Address:		Street Address:				
		stration Section		Registration Section				
		sion of Corporations		Division of Corporations				
		Box 6327		The Centre of Tallahassee				
	Tana	ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Encl	osed is a check for the following amour	ıt:					
	■ \$2	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. N	ame of the limited liability company: Limitless Investi	ment & C	api	tal الملما .			, , ,	
		e/o Michael	ael A. Roberts					
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		,υ,	Mailing address of limited liability con (Note: MAY BE POST OFFICE I				•
	100 Ashley Drive, Suite #600			2200 E. Will	liams Field R	d., Suite	#200	
	Tampu, FL 33602			Gilbert, AZ	85295			
	07/17/2013		L.	.1300010121	7			
3.	Date of filing/registration in Florida	4.		Е	ocument nu	ımber		
5. (a)								
5. (a)	Registered Agent and Registered Office shown on the records o	f the Flori	da I	Dept. of State:				
	CT Corporation System			•				
	Registered Office Address (MUST BE FLORIDA STREET							
	12(0) S. Pine Island Rd. #250						~	
	Plantation F	33324	33324				2023 JAN	- स्कृ
	, · F	L				1.4.		-
(b)							$\overline{\omega}$	•
(2)	Enter name of NEW Registered Agent and/or NEW Registere	d Office	edd	ress:			<u></u>	
	SunDoc Filings Incorporated					H. LS. JE	ب	1
	NEW Registered Office Address:						30	
	3458 Lakeshore Drive							
	Tallahassee, F	L_32312	!					
chang agent was/w	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited last ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	aws of the register liability of the limited	ne S erec con mit I lia	l office and apany, it is leted liability	the business hereby conf company or pany.	s office o	f the re it the cl	gistered hange(s)
Sign	ature of a member or authorized representative of a member		-		Printed or type	d name of	signce	
provis the ob- to met	thy accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, I d'in writing of this change.	gree to a e perfort led for in hereby	et i mai (Cl cor	n this capac nce of my di napter 605, nfirm that th	city. I furthe aties, and I c F.S. Or, if i ne limited lic	er agree t am famili this docum thility con	o comp ar with ment is mpany	oly with the and accept being filed has been
	S/ Stan Huser							
Signat	ure of Registered Agent							