L14000004514

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COVER LETTER

	Registration Section Division of Corporations					
SUBJEC	Edge of Humanity LLC					
		Name of Limited Liability Company				
Dear Sir	or Madam:					
The encl	osed Registered Agent/Registered	i Office Change and	fee(s) are submitted for filing.			
Please re	eturn all correspondence concerni	ng this matter to the	following:			
Joelcy Ka	ıy					
	Name of Person					
	Firm/Company		<u> </u>			
3146 Via	Poinciana 204					
	Address					
Lake Wo	rth, FL 33467					
	City/State and Zip Co	ode				
jo@edgee	ofhumanity.com					
E-1	nail address: (to be used for future	e annual report noti	fication)			
For furth	er information concerning this ma	atter, please call:				
Joelcy Ka	ıy	754 at (207-1322			
	Name of Person		Area Code & Daytime Telephone Number			
i	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
I	Division of Corporations		Division of Corporations			
	P.O. Box 6327		The Centre of Tallahassee			
Ţ.	Fallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
ı	Enclosed is a check for the follow	wing amount:				
i	■ \$25 Filing Fee	□ 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.

1. N	ame of the limited liability company: Edge of Humanit	y LLC		
2. (a)	3146 Via Poinciana 204, Lake Worth, FL 33467	(b)	(b) 3146 Via Poinciana 204, Lake Worth, FL 33467	
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
3.	01/09/2014 Date of filing/registration in Florida		J4000004574 Document number	
_	Joeley Kay	-	Document number	
5. (a)	Registered Agent and Registered Office shown on the records of	the Florida D	ept. of State:	
	Registered Office Address 1801 NE 51ST STREET	ADDRESS)	23 AL	
	Pompano Beach	33064	—————————————————————————————————————	
(h)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addre	FILED IN 3: 25	
	NEW Registered Office Address:			
	3146 Via Poinciana 204			
	Lake Worth	33467		
change agent was/wasthe art	imited 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 liere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registered ability comp of the limite	office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in pility company.	
	ture of a member of authorized tepresentative of a member		Printed or typed name of signee	
provisi the obj to mer notifie	by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provide ally reflect a change in the registered office address. I ship writing of this change.	performanc d för in Cha	re of my duties, and I am familiar with and accept inter 605 F.S. Or if this document is being filed.	
	Division of Corporations P.O. FILING F	Box 6327• TEE: \$25.00		