LA	0000	MADA	93

4

t

٩,

(Ře	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP		MAIL		
(Bu	siness Entity Nar	ne)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to	Filing Officer:			
	Office Use On	ily		



05/28 20--01015--016 **85.00



R IVINIE

COVER LETTER

TO: **Registration Section Division of Corporations**

FLOBIZ, LLC Name of Limited Liability Company SUBJECT:

Dear Sir or Madam:

Ľ

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ligroom Law Firm, PA ATTAL: TONY LISTROM Name of Person

FUDBIZ, LLC

877 915T AVE N Address

NAPLES, KW 34/08 City/State and Zip Code

ALISTROM Q COMCAST. NET E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call;

Tory Listhom at 239 793-1115 Name of Person Area Code & Daytime Telephone Number

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

5-27-2020

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.

1. Name of the limited liability company: FLOBIZ, ULC						
2. (a	8996 HORNED LANK DR	. (t	b) 8996 HORNED VANKDR			
	Principal office address of limited liability company:		Mailing address of limited liability company:			
	(<u>Note: MUST BE STREET ADDRESS</u>)		(<u>Note: MAY BE POST OFFICE BOX</u>)			
	NAPLES KIDRIPA	_	NAPLES FIGNINA			
	34120	_	34120			
	<u> </u>		2140000 16193			
3.	Date of filing/registration in Florida	4.	Document number			
5. (a) <u>TAMMY L</u> <u>bANDNEN</u> Registered Agent and Registered Office shown on the records of th					
	Registered Agent and Registered Office shown on the records of th	ne Florida				
	8996 HORNED LAMIC	OR	5-27.2020			
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS	<u>S)</u>			
	MARLES FLORIDA					
	NAPLESFL_		34120			
(b	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>					
			50- Listron Law Firm, PA Atta: Tong histroy			
	877 915T AVE N		Suite 2			
	NAPLESFL	14	34/08			
chang agent	limited liability company is not organized under the laws e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab were authorized by an affirmative vote of the members of	egistere oility co	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s)			

Signature of a member or authorized representative of a member

the articles of organization or the operating agreement of the limited liability company.

STEPILE JE GANDALA 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 chapter in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this chapter.

Signature of Registered Agent

5-27-2020

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

. ţ