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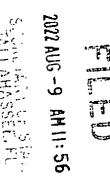
(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Freedom Und Name of Limited Lia	len the Sun LLC
Name of Entitled Lie	ionity Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fe	ollowing:
George Prytula, The	
CPA PLLC	_
Firm/Company	
1655 Cherry Bloss	m Terrace
Address	
Heathrow, FL 32;	746 — 1964 -
City/State and Zip Code George W Heathrow Ci	
E-mail address: (to be used for future annual report notific	
13-man address. (to be used to hadre diman report in	,
For further information concerning this matter, please call:	
George Prytula, III at (32/	700 - 7000 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enchsed is a check for the following amount:	

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

ST-ATEMENT 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. Na	nne of the limited liability company:	Freedor	y Urder-	Ho Sin	LL(\sim
	· · · - •	(b)				
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) [244 Ranchero Dr.	`rl	_	ress of limited liab AY BE POST OF		-
	Sarasota, FL 342.	<u>40 </u>	Sarasoz	a, FL	340	40
2	May 1, 2014		L/400	000 70	733	
3.	Date of Ming-registration in Florida	4		ıt number		
5. (a)	Registered Agent and Registered Office shown on the records Six S Registered Office Address MUST BE FLORIDA STRE MIGHT	s of the Florida D	w ept. of State: // // //////////////////////////////	TALLAHASSEF	2022 AUG -9 AM 11: 56	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Agent	2 / H (CPA_	ا ــ	56	
	PLLC	CICH VAINC MAIN				
	NEW Registered Office Address: 1655 Cherry Br Heathrow	1055011 .FL 36	<u>Ternico</u> 746-	1964		
change agent w was/we the arti	imited liability company is not organized under the corchanges are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the membericles of organization or the operating agreement of the organization of the operating agreement of the organization of the operating agreement of the organization of a member of a memb	the registered d liability com rs of the limite	office and the busi pany, it is hereby c ed liability compan	ness office of the onfirmed that the	ie register ie change	red :(s)
I herel provision the obli to mero notified	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address of infriting of this change.	ete pertorman	ce of my duties, and	d í am familiar	with and	ассет-
	Division of Cornerations P	O. Roy 63274	Tallahacece Fl 3	17314		