L150000 83441

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT N	/AIL					
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer.						

Office Use Only



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08/29/24--01019--003 **25.00

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Ra Change

AUG 2 8 2024 D CUSHING

COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJ	Liquid Partners LLC			
		Name of Limited	Liability Company	
Dear S	ir or Madam:			
The er	aclosed Registered Agent/Registered	l Office Change an	d fee(s) are submitted for f	iling.
Please	return all correspondence concernit	ng this matter to the	e following:	
Courte	ey Proefrock			
	Name of Person			
Anders	son Business Advisors			
	Firm/Company			
3225 N	AcLeod Drive, #100			2024 AUG 20 SECRETAR TALLAPA
	Address			106 2 11.36
Las Vo	egas, NV 89121			G 20 PH IZ
	City/State and Zip Co	ode		PMI2: 07
ra@an	dersonadvisors.com			- H 0
Ī	-mail address: (to be used for future	e annual report not	ification)	
For fu	ther information concerning this ma	atter, please call:		
Courtn	ey Proefrock	800 at (7064741	
	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 Corporat The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	assec cet, Suite 810
	Enclosed is a check for the follow	wing amount:		
	■ \$25 Filing Fee	\$55 Filing Fee & Certified	Сору	

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.

a)	1715 Fletcher St		(b)	1715 Flet	tcher St	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)				Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Melbourne, FL 32901	-	-	Melbourn	ne, FL 32901	
	05/12/2015	-	L	15000083	3441	
a)	Date of filing/registration in Florida LEE ANN MASURET	4.	_		Document number	
	Registered Agent and Registered Office shown on the records of the Registered Office Address (MUST BE FLORIDA STREET AD			ept. of Sta		
	Melbourne , FL 3	2901			2024 5 <u>E</u> C	
	Anderson Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered O				2024 AUG 20 SECRUTANA	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered O</u> 625 E. Twiggs Street, Suite 110,	ffice p	<u>ddr</u>	ess:	ED PMI2:07	
	NEW Registered Office Address:				O7	
	Tampa , FL 3.	3602			_	
ge t w we rtic	mited liability company is not organized under the laws or changes are made, the Florida street address of the resill be identical. Or, in the case of a Florida limited liability reauthorized by an affirmative vote of the members of these of organization or the operating agreement of the line they Proefrock.	giste lity c the li nited	red omp nite liab	office an pany, it i ed liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided impany.	
nati	ure of a member or authorized representative of a member	_	- -		Printed or typed name of signee	
isie bli ere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe gations of my position as registered agent as provided f ly reflect a change in the registered office address. I her in writing of this change.	to acreform or in reby c	a in rane Cha conf	this cap ce of my upter 603 irm that	pacity. I further agree to comply with a duties, and I am familiar with and acc 5, F.S. Or, if this document is being fi the limited liability company has beer	

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

Signature of Registered Agent