L16 0000 21643

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

Office Use Only



900348941069

07/31/20--01022--013 **25.00

FILED
2020 JUL 31 MIII: 01
SECRETARY OF STATE

JQ 09/23/20

COVER LETTER

TO:

Registration Section Division of Corporations

SOVERVE MARKETING GROUP LLC

BJECT: Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	er to the following:					
Ayesha Chidolue						
Name of Person						
The Chidolue Law Firm, PLLC						
Firm/Company						
952 International Pkwy						
Address						
Lake Mary, FL 32746						
City/State and Zip Code ayesha@chidoluelaw.com						
E-mail address: (to be used for future annual rep	port notification)					
For further information concerning this matter, please	call:					
Ayesha Chidolue	407 995-6567					
Name of Person at (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 Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amou	nt:					
■ \$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. N	ame of the limited liability company:	SOVERVE MARKETING GROUP LLC			
	3956 TOWN CENTER BLVD. #267, ORL		(b)	3956 TOW. 32837	N CENTER BLVD. #267, ORLANDO, FL
	Principal office address of limited lia (Note: MUST BE STREET A.	bility company:			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/01/2016		_ ·	_160000	021643
 (a) 	Date of filing/registration in RUBIO, STEPHANIE V	Florida	4.	I	Document number
	Registered Agent and Registered Office show	n on the records of th	ne Florida E	Dept. of State:	
	Registered Office Address (MUST BE FI 3956 TOWN CENTER BLVD. #267,	ORIDA STREET A	DDRESS)		202 SE
	Orlando		32837		SCREET TO
(b)	Ayesha Chidolue	-			HARY 3
	Enter name of NEW Registered Agent and/o	r NEW Registered C	Office addr	ess:	AM II
	The Chidolue Law Firm, PLLC				AMII:01 OF STATE
	NEW Registered Office Address: 952 International Pkwy	,			
	Lake Mary	, FL	32746		
agent www.wes.we	or changes are made, the Florida stree will be identical. Or, in the case of a Flore authorized by an affirmative vote of the operating as supplement. Rubio	et address of the re- lorida limited liab of the members of greement of the lin	egistered ility com the limite mited liab	office and pany, it is hed liability	nereby confirmed that the change(s)
Signat	ure of a member or authorized representative of	f a member			Printed or typed name of signee
the obli to mere	ny accept the appointment as registered ons of all statutes relative to the prope igations of my position as registered a ly reflect a change in the registered of in writing of this change.	d agent and agree r and complete pe gent as provided f fice address, I he	e to act in erformand for in Cha reby conf	this capac ce of my du ipter 605, l irm that the	ity. I further agree to comply with the ties, and I am familiar with and accept F.S. Or, if this document is being filed e limited liability company has been
<u> </u>	Astribalue				
Signatur	e of Registered Agent				