616000123378

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

Office Use Only



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2021 SEP -9 AM 8: 43

021 SEP -9 AM 8:4



COVER LETTER

TO:	Registration Section Division of Corporations									
	The Polumbo Group LLC									
SUBJ	Name of Limited Liability Company									
Dear 9	Sir or Madam:									
		~ ~ ~ ~	. ()							
The en	nclosed Registered Agent/Registered (Office Change and I	ce(s) are submitted for filing.							
Please	return all correspondence concerning	this matter to the fo	ollowing:							
Sandra	a F. Polumbo									
	Name of Person		_							
	Firm/Company		_							
665 N	US HWY 17 #845		_							
	Address		_							
Eagle	Lake, FL 33839									
	City/State and Zip Cod	c	_							
sandra	polumbo@gmail.com									
	E-mail address: (to be used for future	annual report notific	cation)							
For fu	rther information concerning this mat	ter, please call:								
Sandr	a Polumbo	863	223-2554							
	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 follow	ing amount:								
	■ \$25 Filing Fee	□ \$5.	5 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 XI.	The Polumbo Gro						
	me of the limited liability company: The Polumbo Group LLC		The Polumi	bo Group LLC			
Σ. (α)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 665 N. US Hwy 17 Unit 845	_ (0	(b)			mpany: BOX)	
	Fagle Lake, FL 33839	_	Fagle Lake,	FL 33839			
	06/28/2016		L1600012337	78			
3. 5. (a)	Date of filing/registration in Florida Sandra Polumbo	4.		Document nur	mber		
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida	Dept. of State;				
(b)	Registered Office Address (MUST BE FLORIDA STREET A	<u>IDDRESS</u>	1				
	Lakeland, FL	33813			:S	21	
	Sandra Polumbo				EGI.:: TALL	2021 SEP	.1 .
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				AFASSE OF	P-9 AM	m
	NEW Registered Office Address: 665 N. US Hwy 17 #845					8: 43	
	Eagle Lake	33839					<i>₹</i> Ø
change agent v was/we he arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liabere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the state of a member or authorized representative of a member	registere bility con f the limi limited li Sand	d office and mpany, it is ited liability lability comp lra Polumbo	the business hereby confir company or a pany.	office of the of	he reg the cha ise pro	istered inge(s) vided in
I herei provisi he obl o mere notifice	by accept the appointment as registered agent and aground ons of all statutes relative to the proper and complete igations of my position as registered agent as provided ly reflect a change in the registered office address, I have the property of this change.	e to act performa I for in C vereby co	in this capac ince of my di hapter 605, infirm that th	city. I further uties, and I ar F.S. Or, if th ne limited liab	agree to n familian is docum pility comp	comply with cent is became his	y with the and accept seing filed as been
Signatu	re of Registered Agent						