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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	Anisz LLC		
		Name of Limited L	iability Company
Dear Si	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	following:
Daniel .	Anisz		
	Name of Person		
Anisz I.	.LC		
	Firm/Company		<del></del>
3887 M	annix Drive Unit 602		
	Address		
Naples,	Florida 34114		
	City/State and Zip Co	de	
danisz@	ĝwindowgenie.com		
E	-mail address: (to be used for future	annual report notif	ication)
For fur	ther information concerning this ma	tter, please call:	
Daniel .	Anisz	239 at (	262-3020
	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 Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Enclosed is a check for the follow	ving amount:	
	□ \$25 Filing Fee	□ s	55 Filing Fee & Certified Copy
INHS18	(2/14)		



December 10, 2019

DANIEL ANISZ 3887 MANNIX DR STE 602 NAPLES, FL 34114

SUBJECT: ANISZ, LLC

Ref. Number: L17000251446

We have received your document for ANISZ, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 519A00025034

**PECEIVED** 

DEC 2 3 2019

## 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) <u> </u>	Principal office address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
-	December 8, 2017		00251446
(a)	Date of filing/registration in Florida Legal Zoom	4.	Document number
	Registered Agent and Registered Office shown on the records of 9900 Spectrum Drive, Austin, TX 78717	of State;	
	Registered Office Address (MUST BE FLORIDA STREET) 9900 Spectrum Drive, Austin, TX 78717	(ADDRESS)	
	, F	L	
(b) _	Daniel Anisz		
	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	
	NEW Registered Office Address:		
	3887 Mannix Drive Unit 602		
	Naples, FI	L	
nge nt w /wei	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cless of organization of the operating agreement of the	e registered offi iability compan of the limited li	ice and the business office of the registered by, it is hereby confirmed that the change(s) iability company or as otherwise provided in
_4	and file	Daniel Ani	
gaalt	are of a member of authorized representative of a member		Printed or typed name of signee

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