## L17000353959

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2021 APR 12 PM 1: 21 SECRETARY OF STATE TALLAHASSEE, FLORID

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## **COVER LETTER**

Mongia

	Registration Section Division of Corporations		
SUBJEC			
	, N	lame of Limited	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered (	Office Change an	d fee(s) are submitted for filing.
Please re	eturn all correspondence concerning	this matter to th	e following:
YOLBY	ANA WHEELER		
	Name of Person		
1566 ST	OKES LLC		
	Firm/Company		<del></del>
300 NW	22ND AVE		
	Address		<del></del>
MIAMI,	FL 33125		
	City/State and Zip Cod	e	<del></del>
ANA@A	AKOPLUMBING.COM		
E-1	mail address: (to be used for future	annual report not	ification)
For furth	ner information concerning this mat	ter, please call:	
CHERY	L CORREA	786 at (	553-0031
	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	ing amount:	
	■ \$25 Filing Fee	0	\$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.

l. Na	ame of the limited liability company:	.LC					
2. (a)	300 NW 22ND AVE	4	(b)	22ND AVE			
( <del>u</del> )	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		·-/	Mailing address o		-	
	MIAMI, FL 33125	_	MIAMI,	FL 33125		<del></del>	
	12/12/2017		L1700025	3959			
3.	Date of filing/registration in Florida	<b>-</b> - 4.		Document nu	mber		
5. (a)	LAUREL A. DECKER						
). <u>(a)</u>	Registered Agent and Registered Office shown on the records o 519 N D ST	f the Flori	da Dept. of St	ate:			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE.	<u>SS)</u>	_	TALL	2021 APR	
	LAKE WORTH , F	L 33460			KIT IAI AHAS	APR I	-
(b)	YOLBY ANA WHEELER				SEE/J	12 PM	
. ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office :	iddress:		FLO	<u></u>	
	300 NW 22ND AVE				OF STATE E. FLORIDA	20	
	NEW Registered Office Address:						
	MIAMI	33125					
change agent was/w the art	limited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I for authorized by an affirmative vote of the members igles of organization or the operating agreement of the uture of a member or authorized representative of a member	e registe iability of of the li e limited	red office a company, it mited liabil	and the business is hereby confi- lity company or ompany.	office of the of the office of	ne regi he cha se prov	stered nge(s)
I here provis the ob to mer	by accept the appointment as registered agent and age lions of all statutes relative to the proper and complete ligations of my position as registered agent as provid- ely reflect a change in the registered office address, le d in writing of this change.	gree to a e perfori ed for in hereby	ct in this ca nance of m Chapter 60 confirm tha	nacity I furthe.	r agree to t	romnly	with the nd accept eing filed is been

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