L18000048866

| (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: |
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Office Use Only



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COVER LETTER

| Division of Corporations | |
|--|--|
| Steven Weiner LLC SUBJECT: | |
| | mited Liability Company |
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Char | nge and fee(s) are submitted for filing. |
| Please return all correspondence concerning this matter | r to the following: |
| Steven Weiner | |
| Name of Person | |
| Steven Weiner LLC | |
| Firm/Company | |
| 3225 N Hiatus Rd. # 450624 | |
| Address | |
| Sunrise, Florida 33345 | |
| City/State and Zip Code | |
| esteban3922@yahoo.com | |
| E-mail address: (to be used for future annual repo | ort notification) |
| For further information concerning this matter, please of | call: |
| Steven Weiner at (| 305 528-9397 |
| 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 following amoun | t: |
| ■ \$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.

|) _ | 3225 N. Hiatus Rd. # 450624, Sunrise, Florida 33345 | (b) _ | 3225 N. Hiatus Rd. # 450624, Sunrise, Florida 33345 | | | | |
|------------|--|------------------|---|------------------------------|--------------|----------|-----|
| , <u>-</u> | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | · \-/- | 4 | Mailing addres (Note: MA) | | - | |
| | 0.4.1 | | 20000 106 | | | | |
| | October 1st, 2024 | | 80000488 | | | | |
| | Date of filing/registration in Florida | 4. | | Document i | number | | |
| 1) | STEVEN WEINER 3225 N. Fliatus Rd. # 450514, Sunrise, Florid | | | <u>-</u> | : -1 | 203 | |
| | Registered Agent and Registered Office shown on the records of th | e Flonda D | ept. of State | : | | 7024 OCT | · - |
| | Registered Office Address | nnbreen | | • | | ;; - | · · |
| | 3225 N. Hiatus Rd. # 450624 | <u>ZIZIVESSI</u> | | | | Ò | |
| | | | | • | | | |
| | Sunrise, FL | 33345 | _ | _ | | | • |
| | | | | | , 11 , 11 | 0 | |
|) . | | | | • | | | |
| | Enter name of NEW Registered Agent and/or NEW Registered C | Office addre | <u>888</u> : | | | | |
| | | | | | | | |
| | NEW Registered Office Address: | . ==, | | - | | | |
| | 3225 N. Hiatus Rd. # 450624 | | | _ | | | |
| | | | | | | | |
| | | | | | | | |

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

Signature of Registered Agent