L18000070366

(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:						
J. HORNE						
APR 1 4 2022						

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COVER LETTER

_	ion Section of Corporations	•						
	eadfin Advisory, LLC							
	Name of Limited Liability Company							
Dear Sir or Mada	ım:							
The enclosed Re	gistered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.						
Please return all	correspondence concerning this matter	to the following:						
Nathanael Gyurke								
	Name of Person							
Threadfin Advisor	y, LLC							
	Firm/Company							
301 W. Platt St. #1	79							
	Address							
Tampa, FL 33606								
	City/State and Zip Code							
ngyurke@threadfi	nadvisory.com							
E-mail addı	ress: (to be used for future annual repor	t notification)						
For further inform	nation concerning this matter, please ca	dl:						
Nathanael Gyurke	81 at (3 4169934						
1	Name of Person	Area Code & Daytime Telephone Number						
Registra Division P.O. Bo	Address: tion Section of Corporations x 6327 sec, 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 amount:							
■ \$25 Fi	ling Fee	□ \$55 Filing Fee & Certified Copy						

INHS18 (2/14)

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. Na	ame of the limited liability company: Threadfin Adviso	ry, LL	C			
2. (a)	301 W. Platt St. #179		(b	301 W. P	latt St. #179	
<u> </u>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0	,	_	of limited liability company: BE POST OFFICE BOX)
	Tampa, FL 33606			Tampa, F	L 33606	
	3/21/2022			 L18000070	0366	
3.	Date of filing/registration in Florida	- 4.	-		Document nu	umber
	UNITED STATES CORPORATION AGENTS INC					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flo	rida	Dept. of Sta	ite:	
	5575 S. SEMORAN BLVD SUITE 36					5. >
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	FIL 2022 MAR 30 SECRETARY ALLLAHASSE	
(b)	ORLANDO , FL					
					_	MO: 49 OF STATE C. FLORE
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	301 W. Platt St. Ste 179					
	NEW Registered Office Address:				_	
	tampa	33606	;		_	
change agent v was/we the arti Signal	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law of a member or subscribed representative of a member by accept the appointment as registered agent and agreems of all statutes relative to the proper and complete.	regist ability of the l limite	ere con limited li	d office ar mpany, it is ited liability cor is the constitution this cap ince of my	nd the business is hereby confit ty company or mpany. Printed or type dacity. I further duties, and I a	s office of the registered irmed that the change(s) as otherwise provided in d name of signee ar agree to comply with the time familiar with and accept
the obli to mere notified	igations of my position as registered agent as provided ly reflect a change in the registered office address, I have been soften address, I have been soften address. I have been soften address.	1 főr it tereby	n C. Coi	haptër 60; nfirm that	5, F.S. Or, if the limited lia	his document is being filéd bility company has been
oifinaim	re of Registered Agent					