## L18000159362

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
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PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(==-	<b>,</b>	,	
(Document Number)			
(50.	cument Namber)		
Certified Copies	_ Certificates	of Status	
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## COVER LETTER

TO: Registration Section Division of Corporations		
Estobi Enterprises LLC SUBJECT:		
Name of Lir	nited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Char	age and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Clint Schubert		
Name of Person		
Estobi Enterprises LLC		
Firm/Company		
476 NW Peacock Blvd Unit 119		
Address		
Port Saint Lucie, Florida 34986		
City/State and Zip Code		
clint@estobienterprises.com		
E-mail address: (to be used for future annual repo	rt notification)	
For further information concerning this matter, please c	call:	
Clint Schubert 8	32 350-4720	
Name of Person	Area Code & Daytime Telephone Number	
Mailing Address:	Street Address:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
P.O. Box 6327	The Centre of Tallahassee	
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
Enclosed is a check for the following amount	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.

1. Na	me of the limited liability company: Estobi Enterprise	es LLC	
2. (a)	Estobi Enterprises LLC	(b)	Estobi Enterprises LLC
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(W)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	476 NW Peacock Blvd Unit 119		476 NW Peacock Blvd Unit 119
	Port Saint Lucie, Florida 34986		Port Saint Lucie, Florida 34986
	06/28/2018	1	1.18000159362
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Clint Schubert		
J. (a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept. of State:
	Clint Schubert		
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)	<u></u>
	2745 SW Buckhart St		202 TÀLI
	Port Saint Lucie, Fl	34953 L	FIL 2024 OCT 25 ALLAHASSE
(b)	Clint Schubert		m <sub>c</sub> -
(4.)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	dress:
	Clint Schubert		8: 27
	NEW Registered Office Address:		
	476 NW Peacock Blvd Unit 119		
	Port Saint Lucie	34986 L	
change agent v was/wo the arti Signat I herei provisi the oblito merci	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited litered authorized by an affirmative vote of the members cless of organization or the operating agreement of the ure of a member or authorized representative of a member by accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. If in writing of this change.	e registered lability cor of the limi e limited li- Clint Clint ree to act is performa	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in iability company.  It Schubert  Printed or typed name of signee  in this capacity. I further agree to comply with the cance of my duties, and I am familiar with and accept