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(Opposite to Name)				
(Requestor's Name)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





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COVER LETTER

TO:	Registration Section Division of Corporations	·	
	Capadocia Loves LLC		
SUBJI	ECT:Nan	e of Limited Liability Company	_
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered Off	ce Change and fee(s) are submitted for filing.	
Please	return all correspondence concerning the	s matter to the following:	
Charle	ote Bradshaw		
	Name of Person		
Capad	ocia Loves LLC		
	Firm/Company	·	
900 St	tetson St		
	Address		
Orland	do FL 32804		
	City/State and Zip Code		
cbrade	shaw2504@gmail.com		
-	E-mail address: (to be used for future and	nual report notification)	
For fu	orther information concerning this matter	, please call:	
Charle	otte Bradshaw	407 579-3484	
	Name of Person	at ()Area Code & Daytime Telephone Nu	mber
	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	l
	Enclosed is a check for the following	g amount:	
	■ \$25 Filing Fcc	□ \$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.

Name of the limited liability company: 900 Stetson Street Orlando F1.32804 (a) Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) B/20/2021 Date of filing/registration in Florida United States Corporation Agents Inc (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 13302 Winding Oak Court A Registered Office Address MUST BE FLORIDA STREET ADDRESS) Tampa 33612 FL Charlotte Bradshaw (b) Enter name of NEW Registered Agent and/or NEW Registered Office address: 900 Stetson Street NEW Registered Office Address: Orlando 32804 FL Orlando The limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed thange or changes are made, the Florida street address of the registered office and the business office of the gent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the vas/were authorized by an affirmative vote of the members of the limited liability company or as otherwise	
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e articles of organization or the operating agreement of the limited liability company. Signature of a member or authorized representative of a member Printed or typed name of signature.	ne registered ne change(s) se provided in
hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to co ovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar w or obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen merely reflect a change in the registered office address, I hereby confirm that the limited liability compa tified in writing of this change	wun ana acce nt is being file