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(Requestor's Name)							
(Address)							
(Address)							
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(Business Entity Name)							
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COVER LETTER

Divi	sion of Corporations		,			
SUBJECT:	Fortem International, LLC		•			
70B3EC1.	Name of Limited Liability Company					
Dear Sir or N	Madam:					
The enclosed	I Registered Agent/Registered (Office Change an	d fee(s) are submitted for filing.			
Please return	all correspondence concerning	this matter to the	e following:			
Celso B. Crav	rinhos					
	Name of Person					
Fortem Intern	ational, LLC					
	Firm/Company					
20567 S Char	eleston					
	Address					
Boca Raton, I	FL 33434					
	City/State and Zip Code	e				
celso@forten	ninternational.com					
E-mail	address: (to be used for future a	annual report not	ification)			
For further in	nformation concerning this matt	ter, please call:				
Celso B. Crav	rinhos	561 at (543-8834			
<u></u>	Name of Person		Area Code & Daytime Telephone Number			
Reg	iling Address: istration Section		Street Address: Registration Section			
	ision of Corporations		Division of Corporations The Centre of Tallahassee			
	, Box 6327 ahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the followi	ing amount:				
≅ \$	25 Filing Fee	Ü	S55 Filing Fee & Certified Copy			

+ TO: Registration Section

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.

I. Na	ame of the limited liability company: Fortem Internation	onal, LLC	<u> </u>			
2. (a)			(b)			
(/ -	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		. /	Mailing address of l	limited liability company: POST OFFICE BOX)	
	20567 S Charleston		20567 S Charleston Boca Raton, FL 33434			
	Boca Raton, FL 33434					
						
	07/19/2018		1.180001	74531		
3.	Date of filing/registration in Florida	4.		Document num	ber	
5. (a)	Richard P. Bellinger					
(b) <u>'</u>	Registered Agent and Registered Office shown on the records o	f the Flori	ida Dept. of S	State:		
	Registered Office Address (MUST BE FLORIDA STREET	T <u>.ADD.RE</u>	<u>S.S.</u>	_ 		
	11145 Lands End Chase					
	Port Saint Lucie , F	34986 L			Fac 2	
	Celso B. Cravinhos				2021 DEC SECRETA	
	Enter name of NEW Registered Agent and/or NEW Registered Office address:				C I	
					FILED DEC 13 PM 2: RETARY OF SHE AHASSEEL FEH	
	NEW Registered Office Address:		. <u> </u>			
	20567 S Charleston		-		့် သွ	
	Boca Raton F	33434 L				
change agent v was/we the arti	imited liability company is not organized under the la or changes are made, the Florida street address of th vill be identical. Or, in the case of a Florida limited I ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe iability of of the li	ered office company, i mited liab	and the business of it is hereby confirmality company or as	ffice of the registered ned that the change(s)	
/	ture of a member or authorized representative of a member	Ri	chard P. Be			
				Printed or typed n	_	
provisi the obl to merc	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete leations of my position as registered agent as providedly reflect a change in the registered office address. It inventing of this change.	ree to a 2 perfori ed for in hereby	ct in this comance of no Chapter 6 confirm th	apacity. I further over the second of the se	igree to comply with the familiar with and accept document is being filed lity company has been	
Signatu	re of Registered Agent					