D221953

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Business Eller, Home)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DEMAGG				
AUG 1 7 2023				
MAD 1 1 TATA				

Office Use Only



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07/14/28--01011--010 **25.00

COVER LETTER

	Registration Section Division of Corporations	
SUBJE	SUCCESS BUSINESS, LLC	
	Name of	Limited Liability Company
Dear Sir	or Madam:	
The encl	losed Registered Agent/Registered Office C	hange and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this man	tter to the following:
Pam Rya	n Anderson	
	Name of Person	
Success I	Business, LLC.	
	Firm/Company	
825 Cour	t St.	
	Address	
Clearwate	er, FL 33756	
	City/State and Zip Code	
pam@rya	nrealty.org	
E-m	ail address: (to be used for future annual rep	port notification)
or furthe	er information concerning this matter, please	call:
ள இன		727 442-2822
•	Name of Person	Area Code & Daytime Telephone Number
M	lailing Address:	Street Address:
	egistration Section	Registration Section
D	ivision of Corporations	Division of Corporations
	O. Box 6327	The Centre of Tallahassee
Ta	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	iclosed is a check for the following amoun	t:
0	\$25 Filing Fce	☐ \$55 Filing Fee & Certified Copy
HS18 (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.

2. (a)		271			
.,		(h)	(b) 2733 Sand Hollow Ct		
	Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Clearwater, FL 33755	Clea	arwater, FL 33761		
	09/18/2018		00221953		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	FULLER, KERRY				
J. (4)	Registered Agent and Registered Office shown on the record	ds of the Florida Dept.	of State:		
	2733 Sand Hollow Ct., Clearwater, FL. 33761	•			
	Registered Office Address (MUST BE FLORIDA STRI	EET ADDRESS)			
	2733 Sand Hollow Ct.				
	Clearwater,	, FL 33761			
(b)	Pam Ryan Anderson		FILL FE		
	Enter name of NEW Registered Agent and/or NEW Regist	ered Office address:	FILED TARY OF OF CORPO		
	NEW Registered Office Address:	· · · · · · · · · · · · · · · · · · ·			
	825 Court St.		80 :		
	Clearwater	FL ³³⁷⁵⁶	;		
cnange agent w was/wei	mited liability company is not organized under the or changes are made, the Florida street address of ill be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member be of organization or the operating agreement of	the registered officed liability company of the limited liability and the limited liability.	ce and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in		
	my full	Kerry Fulle	r		
l hereb provisió he oblis o merel	are of a member of authorized representative of a member by accept the appointment as registered agent and complete of all statutes relative to the proper and complete to the proper agent as proving reflect a change in the registered office address, in writing of this change.	agree to act in this ete performance of ided for in Chapter I hereby confirm t	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been		