19000034884

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2022 MAR 15 AM II.

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RARDICHS

MAR 1 6 TOTA I ALBRITTON CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 551078 8374088

AUTHORIZATION :

COST LIMIT : \$ 25 \QQ

ORDER DATE: March 15, 2022

ORDER TIME : 10:29 AM

ORDER NO. : 551078-005

CUSTOMER NO: 8374088

CHANGE OF AGENT

NAME: ESAK ENTREPRENEURIAL

ENTERPRISE LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

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XX PLAIN STAMPED COPY

CONTACT PERSON: Alexxis Weiland -- EXT#

EXAMINER:

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. N	ame of the limited liability company: ESAK ENTREP	RENEUF	RIAL ENTE	RPRISE LLC	
2. (a)	12801 OAK KNOLL DR	 (ŀ	(b) 12801 OAK KNOLL DR Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
(/	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(
	PALM BEACH GARDENS, FL 33418	_	PALM BI	EACH GARDENS, FL 33418	
	02/13/2019		L1900003	6884	
3.	Date of filing/registration in Florida	4.		Document number	
	Registered Agent and Registered Office shown on the records of the Florida Dept. of States ESAK, MARY L Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-	
(b)	PALM BEACH GARDENS . FL	33418	33418		
	Enter name of NEW Registered Agent and/or NEW Registered Corporation Service Company NEW Registered Office Address: 1201 Hays Street	Office address:		TOF STATE	
	Tallahassee, FL	32301		_	
change agent v was/w	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registere ability co of the lim	d office ar mpany, it i ited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in	
	And y 12 Cour			Manager	
I here provisithe oblito mer notified	ture of a member or authorized representative of a member by accept the appointment as registered agent and agricons of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address. It din writing of this change. The of Registered Agent E. Kirby, Asst. Vice President, on behalt of Corporati	performa I for in C iereby co	ince of my hapter 60: infirm that	duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been	

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

FILING FEE: \$25.00 INHS18 (2/14)