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DIVISION OF SHAPE IN LOCAL DEPARTMENT OF THE PROPERTY OF THE P



COVER LETTER

TO: Registration Section Division of Corporations							
4 Freda's Enterprises, LLC							
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter	to the following:						
Anthony Francis							
Name of Person	 						
Tennex Tax Solutions							
Firm/Company							
1203 Highway US I							
Address							
Sebastian, FL 32958							
City/State and Zip Code							
Anthony@tennextaxsolutions.com							
E-mail address: (to be used for future annual repo	rt notification)						
For further information concerning this matter, please of	eall:						
Anthony Francis 3 at (21 477-1279						
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						
egs.	, -						
Enclosed is a check for the following amoun	ıt:						
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						

WAREN OF THE SHIP.

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.

1.	Na	me of the limited liability company: 4 Freda's Enterprise	es, L.I.	C		
2. (8	۱.	Frank T Freda		(b) _		·
2. (· <i>y</i> .	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(4)_	N	Aniling address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3102 Huntleigh way				
		Melbourne, FL 32934	_	_	-	
		5/20/2019		Ll	90003529	2
3.		Date of filing/registration in Florida	4.			Document number
5. ((a)	HUIE, JAY				
J. ,	(,	Registered Agent and Registered Office shown on the records of the HUIE, JAY	he Fio	rida D	ept. of State	- #
		Registered Office Address (MUST BE FLORIDA STREET A	-			
		225 E. ROBISNSON STREET SUITE 570				<u></u>
		ORLANDO , FL	3280	l		2023 SEP 18 PM12:
,	'ሐኒ	ANTHONY FRANCIS				
,	(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	addr	<u>ess</u> ;	
		TENNEX TAX SOLUTIONS				
		NEW Registered Office Address:				0 4
		1203 HIGHWAY US 1				_
		SEBASTIAN , FL	,3295	8		_
cha age was	ing int s/w	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liable of the members of the organization or the operating agreement of the	regis ability of the limit	tered com limit ed lia	office an ipany, it i ed liabilit bility con	Id the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in inpany.
	ســــــــــــــــــــــــــــــــــــ	ature of a member or authorized representative of a member	-	FRAN	NK FREDA	Printed or typed name of signee
pro the	ere ovis ob mer	eby accept the appointment as registered agent and agricions of all statutes relative to the proper and complete eligations of my position as registered agent as provide rely reflect a change in the registered office address, I are in writing of this change.	rec to perfo d for hereb	act in rmar in Ch y cor	n this cap nce of my napter 60: nfirm that	oncity. I further agree to comply with the
Sh	(file)	ure of Registered Agent				
		Division of Cornerations P.O.	Box (1 327 0	■ Tallaha	155ec. FL 32314

FILING FEE: \$25.00