

(Requestor's Name)					
(Address)					
(A	ddress)				
(C	city/State/Zip/Phor	ne #)			
PICK-UP	☐ WAIT	MAIL			
· (B	Business Entity Na	me)			
(Document Number)					
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11/25/19--01030--014 **25.00

RA Change

JATOS SITI DIQUELINIO

COVER LETTER

TO:	Registration Section Division of Corporations					
	ANOM ALEEZ LLC					
SUBJE	UBJECT: Name of Limited Liability Company					
Dear Si	ir or Madam:					
The end	closed Registered Agent/Registered Off	ice Change	and te	lee(s) are submitted for filing.		
Please	return all correspondence concerning th	is matter to	the fo	following:		
STE	PHEN JAMES SAUSNOCK JR					
	Name of Person			_		
ANO	M ALEEZ LLC					
	Firm/Company			_		
7463	SWALLOW RUN					
	Address	·		_		
WINT	TER PARK, FL 32792				_	
	City/State and Zip Code			_	-	
ADM	IN@ANOMALEEZ.COM					
E	-mail address: (to be used for future ann	iual report n	otific	cation)	-	
For fun	ther information concerning this matter.	please call:	:		1	
J. MI	TCHELL KYLE	321		972 2787		
		at (_)	_	
	Name of Person			Area Code & Daytime Telephone Numb	er	
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		Regi Divi P.O.	distration Section ision of Corporations Box 6327 hahassee, Florida 32314		
	Enclosed is a check for the following	amount:				
	■ \$25 Filing Fee	_) \$ 55	5 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.

Na	me of the limited liability company:			
(a)		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		;	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	7/30/2019	_	L-19000	194398
	Date of filing/registration in Florida			Document number
(a)	Registered Agents Inc.			
(a)	Registered Agent and Registered Office shown on the records of 7901 4th St N, STE 300	the Florida	Dept. of State	- e:
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	2	-
	St. Petersburg	337	02	-
(b)	STEPHEN J. SAUSNOCK JR.			<u> </u>
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office add	dress:	
				CT CT
	NEW Registered Office Address:			7 1195 7 120
	7463 SWALLOW RUN			2: 0.25
	WINTER PARK	32792		_
cha ent w s/we	imited liability company is not organized under the la inge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited le ere authorized by an affirmative vote of the members cles of organization or the operating agreement of the	f the registiability co of the limestimited l	stered office ompany, it is sited liability iability con	e and the business office of the register s hereby confirmed that the change(s) y company or as otherwise provided in
ignat	ture of a member of authorized representative of a member			Printed or typed name of signee
vișie obli mere	by accept the appointment as registered agent and agins of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address. It in writing of this change.	ree to act performed for in C hereby co	in this cap ance of my Chapter 603 onfirm that	acity. I further agree to comply with the duties, and I am familiar with and access, F.S. Or, if this document is being file the limited liability company has been

Signature of Registered Agent