## L19000232354

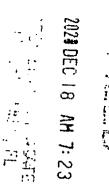
(R	equestor's Name)	
(Ad	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bi	usiness Entity Nan	ne)
(D	ocument Number)	
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Special Instructions to	Filing Officer:	

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## COVER LETTER

IHS18 (2/14)

<b>O</b> :	Registration Section Division of Corporations		, •					
UBJE	Paula Grant-Gonzalez LLC							
		Name of Limited Liability Company						
ear Si	r or Madam:							
he end	losed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.					
lease r	eturn all correspondence concerning	this matter to the	following:					
aula G	rant-Gonzalez							
	Name of Person		<del></del>					
aula G	rant-Gonzalez LLC							
	Firm/Company	<del> </del>						
070 Ma	ontgomery Rd Suite 2084							
	Address	·	<del></del>					
ltamor	te Springs, FL 32714							
	City/State and Zip Cod	c	<del></del> -					
gg@wi	thpaula.realtor							
Ē-	mail address: (to be used for future	annual report notif	fication)					
or furt	her information concerning this mat	ter, please call:						
aula Gi	rant-Gonzalez	407 at (	640-8670					
	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					
	Enclosed is a check for the followi	ing amount:						
	S25 Filing Fee	<b>a</b> s	55 Filing Fee & Certified Copy					

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

ursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company thmits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

<del></del>		(b	)			
Principal office address of limited lia (Note: MUST BE STREET A				_	of limited liability con BE POST OFFICE B	
1070 Montgomery Rd Suite 2084			1070 Mc	ontgomery Rd Sui	te 2084	
Altamonte Springs, FL 32714		<del></del>	Altamon	ite Springs, FL 32	714	
05/15/2020			L1900023	32354		
Date of filing/registration in	Florida	4.		Document nu	mber	
	<del></del>					
Registered Agent and Registered Office show		f the Florida	Dept. of Si	tate:		
SHERLOCK BUSINESS SOLUTIONS	INC.			_		
Registered Office Address (MUST BE F	LORIDA STREET	ADDRESS	2	·—	702	
1070 Montgomery Rd Suite 2105					2028 DEC	
Altamonte Springs	, FI	32714		<del></del>	, , <u>~</u>	,
					$i_{\infty}$	į
		<del></del> .			<u>ه</u> ،	<u>.</u>
Enter name of NEW Registered Agent and/o	or NEW Registered	l Office add	<u>iress</u> :		1. 7. 6.3	: ు
Registered Agents Inc					F. 20, 2	ລ
NEW Registered Office Address:				<del></del>		
7901 4th Street N. Suite 300				_		
St. Petersburg	, Fl	33702				
			<del>-</del> -	<del></del>		
nited liability company is not organize or changes are made, the Florida street	ed under the lav	vs of the S	State of F	lorida, it is herel	by confirmed that	after
ill be identical. Or, in the case of a F.	lorida limited lia	ability cor	npany, it	is hereby confir	med that the chang	(2)m
e authorized by an affirmative vote o les of organization or the operating a	i the members of	of the limi	ted habili	ity company or a	is otherwise provi	ded ii
Der Grant-Honzal			Grant-Go			
re of a member or authorized representative of	f a momber			Printed or typed	name of signee	
y accept the appointment as registere ins of all statutes relative to the prope gations of my position as registered a y reflect a change in the registered of in writing of this change	dagant and age	ee to act i performat I for in Ci	n this cap nce of my hapter 60	smales I.C.sel		vith ti d acci

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