# L19 000 275483

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### • • .. COVER LETTER .

TO: Registration Section Division of Corporations

### EMPOWERED PROMOTIONS LLC . .

·\_\_\_\_ Name of Limited Liability Company А

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing

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Please return all correspondence concerning this matter to the following:

## CEDRIC JENKINS

Name of Person

Firm/Company

### 44 MOCCASSIN CIRCLE

Address

HAVANA, FL. 32333

City/State and Zip Code

# PEASELA2@GMAIL COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LEE A. PEASE	850 284-369 at ( )	6
Name of Person		e & Daytime Telephone Number
Mailing Address:	Street A	ddress:
Registration Section	Registra	tion Section
Division of Corporations	Division	of Corporations
P.O. Box 6327	The Cen	tre of Tallahassee
Tallahassee, FL 32314	2415 N.	Monroe Street, Suite 810
	Tallahas	see, FL 32303

,

Enclosed is a check for the following amount:

🖬 \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

STATEMENT (	DE CHANGE OF REGISTEREI LIMITED LIA	OFFICE OR REGISTERED	AGENT OR BOTH FOR
•	LIMITED LIA	BILITY 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 us registered office or registered agent, or both, in the State of Florida

1. Name of the limited liability company: \_\_\_\_\_\_

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6766 FLA GA HIGHWAY, HAVANA, FL. 32313	(b) 137 LOGAN JONES ROAD, HAVANA, FL. 32333
2. (a)Principal office address of innated liability company (Netc: MUST BE STREET ADDRESS)	Mailing address of limited hability company. (Nete: MAY BE POST OFFICE BOD)
1  /05/2019	L19000275483
Date of filing/registration in Florida	4. Document number
LEE A. PEASE	
(a)	the Flonda Dept. of State
4544 WESLEY DRIVE,	
Registered Office Address (MUST BE FLORIDA STREET.	ADDRESS
TALLAHASSEE	32301
, FL	
(b) CEDRIC JENKINS	
NEW Registered Office Address 44 MOCCASSIN CIRCLE	
HAVANA	32333
If the limited liability company is not organized under the lav change or changes are made, the Florida street address of the igent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of he articles of organization or the operating agreement of the	bility company, it is hereby confirmed that the change(s) if the limited liability company or as otherwise provided in limited liability company.
Signature of a member of authorized representative of a member	LEE A. PEASE Printed or typed name of signee
	ee to act in this capacity. I further agree to comply with the performance of my duiles, and I am familiar with and accept I for in Chapter 605, F.S. Or, if this document is being filed ereby confirm that the limited liability company has been
Division of Corporations+ P.O. I	
	50x 63270 1 #B#88866, FL 32314

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