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(Re	questor's Name)				
(Ad	dress)				
(Ad	dress)				
(Cit	y/State/Zip/Phone	: #)			
PICK-UP					
(Bu	siness Entity Nam	ne)			
(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to	Filing Officer:				
	J. HORNE				
	JUL 2 0 2022	-			

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Office Use Only

COVER LETTER

TO: **Registration Section** Division of Corporations

SUBJECT: New Dive Order LLC Name of Limited Liability Company

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Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Andrew Jarnryd

Firm/Company

1504 Bay Nord Apt M-1623 Address

Miami Blach, FL 33139 City/State and Zin Code

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

For further information concerning this matter, please call:

Andrew Jarney L Name of Person at (978) 257-7029 Area Code & Daytime Telephone Number

Mailing Address: **Registration Section** Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Enclosed is a check for the following amount:

🗙 \$25 Filing Fee

\$55 Filing Fee & Certified Copy

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:	5:~1	Order	LLC			
2. (a)	4000 Crandon Blud	(b) Y	28 Crandor	, BI	vd	
~ /	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limite (Note: MAY BE POS	ed liability ST OFFIC.	compan	
	Key Biscayne, FL 33149	_	S	vite 119-	154		
		_		y Biscayne		33	149
	11/21/19			L 1900027	18558	3	
3.	Date of filing/registration in Florida	4.		Document number			
5. (a	Registered Agent and Registered Office shown on the records of th	Inc					
		ne Florida	Dept. of Stat	 le:			
	155 Office Plaza Dr						
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_	IA I A	202	
	Suile A			_		2 HA	
	Tallahassie, FL	323	301	_		022 HAY '16	·····
(b)	Andrew Jarney &			_	EL'LI	AM 11: 38	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :						\sim
	1504 Bay Road					88	
	<u>NEW</u> Registered Office Address:			_			
	12pt M-1623			_			
	Miami Beach ,FL	3	3139	_			
chang agent was/w	limited liability company is not organized under the laws e or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab vere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the li	registere pility co `the lim	d office an mpany, it i ited liabilit	Id the business office s hereby confirmed by company or as oth	e of the re that the c	egister hange	ed (s)

Signature of a member or authorized representative of a member

Printed or typed name of signee

ERIK

JARNAYD

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent

Division of Corporations• P.O. Box 6327• Tallahassee, FL 32314 FILING FEE: \$25.00