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(Requestor's Name)					
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(Business Entity Name)					
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Certified Copies	Certificates	of Status			
Special Instructions to Filing Officer:					
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
FLOWLIKE LLC SUBJECT:	
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to the following:
Cynthia Davies	
Name of Person	
CINDY'S FLORIDA LLC	
Firm/Company	
8051 N. Tamiami Trail Suite E6	
Address	
Sarasota F1. 34243	
City/State and Zip Cod	ie .
cindy@cindysfloridalle.com	
E-mail address: (to be used for future	annual report notification)
For further information concerning this mat	ter. please call:
Cynthia Davies	727 300-0042 at (
Name of Person	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	ing amount:
■ \$25 Filing Fee	☐ \$55 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.

(a)	8051 N. Tamiami Trai		(b)	8051 N. T	Famiami Trail
(4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite E6	_		Suite E6	
	Sarasota, FL 34243	_		Sarasota,	FL 34243
	£1/08/2019		l.	19000279	269
()	Date of filing/registration in Florida ROMAR INTERNATIONAL LLC	4.			Document number
(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat 14334 BISCAYNE BLVD				te:
	Registered Office Address (MUST BE FLORIDA STREET AD	<u>D</u> DRE	<u>55)</u>		202 SE TALI
	NORTH MIAMI BEACH, FL 33181 , FL	•			FIL 2022 MAR 29 SECRETARY ALLAHASSE
(b)	CINDY'S FLORIDA LLC				. , .
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> 8051 N. Tamiami Trail Suite E6)Mice :	<u>addı</u>	<u>'ess</u> ;	AH 9: 03 OF STAN
	NEW Registered Office Address:		_		
	Sarasota .FL 3	4243			_
iange gent w as/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liab are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste ility o the li	red com mit	office ar pany, it i ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	thia Davies use of a member or authorized representative of a member			•	Manager
Signau	ure of a member or authorized representative of a member				Printed or typed name of signee
hereb	oy accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete p	rfori	2771221	ce of my	acity. I further agree to comply with the duties, and I am familiar with and accep 5. F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent