119000282511

(Requestor's Name)				
(Ad	dress)			
(Address)				
(Cit	y/State/Zip/Phone	+)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

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SECRETARY OF STATE
TALLAHASSEE, FA

C. BRUMBLEY SEP 30 ZUZZ

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJE	Inspiratrix Limited Liability					
		Name of Limited Liability Company				
Dear Si	r or Madam:					
The enc	losed Registered Agent/Registered Of	tice Change and	fee(s) are submitted for filing.			
Please r	eturn all correspondence concerning the	nis matter to the	following:			
Amir A.	Ladan					
	Name of Person		_			
Ladan 1,	aw					
	Firm/Company					
121 S O	range Ave Suite #1420					
	Address	·	_			
Orlando	, FL 32801					
	City/State and Zip Code		_			
Inspiratr	ixlle@gmail.com					
E-	mail address: (to be used for future an	nual report notif	ication)			
For furt	her information concerning this matter	, please call:				
Amir A.	Ladan	407 at (657-1555			
	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 followin	g 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: Inspiratrix Limit	ed Liabili	ty Company	
2 (a)		ſ	ls)	
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	121 S. Orange Ave Suite #1420		P.O.BOX 4	70315
	Orlando, FL 32801		Lake Monro	oe, FL 32747
	5/25/2022		L190002825	11
3.	Date of filing/registration in Florida	-		Document number
5 (
5. (a)	Registered Agent and Registered Office shown on the records of Ada Reneau	of the Florid	a Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET	TADDRES	<u></u>	SS 20
	4843 Rock Rose Loop	_	IZZ J	
	Sanford, F	L <u>32771</u>		FILE 2022 JUL -5 PM SEGNE MARY OF TALLAHASSEE
				SSE
(b)	Enter name of NEW Registered Agent and/or NEW Registere	d Office a	ddress:	PH 4: 32
				<u> </u>
	Amir A. Ladan			PB.
	NEW Registered Office Address:			4.
	121 S. Orange Ave Suite #1420			
	Orlando F	L_32801		
chang agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited laterer authorized by an affirmative vote of the members ticles of organization or the operating agreement of the attree of a member of authorized representative of a member of the appointment as registered agent and agricons of all statutes relative to the proper and complete digations of my position as registered agent as providing to the change in the registered office address, I am writing of this change.	e register iability c of the lir e limited Ada	red office and ompany, it is nited liability liability comparts Reneau	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. Printed or typed name of signee