

219 000 252 871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

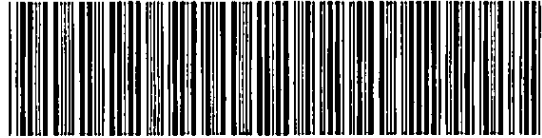
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600379603116

FILED

2022 JAN 18 PM 6:35

SECRETARY OF STATE  
TALLAHASSEE, FL

O SIMMONS

FEB 02 2022

*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.*

INHS18 (2/14)

FILED  
2022 JAN 18 PM 6:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA