9000 797 069

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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RECEIVED

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State

The Centre of Tallahassee 2415 North Monroe Street, Suite 810 Tallahassee, FL 32303 corphelp@dos.myflorida.com

850-245-6051

FROM Melis

Melissa Moreau mmoreau@incserv.com

850.656.7953

REQUEST DATE 12/4/2023

PRIORITY Regular Approval

OUR REF.# (Order ID#) 1209844

ORDER ENTITY

LIMITLESS GLOBAL VENTURES LLC

PLEASE PERFORM THE FOLLOWING SERVICES: LIMITLESS GLOBAL VENTURES LLC (FL)

File the attached change of agent document

NOTES:

\$25.00 Authorized

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: 120050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Monday, December 4, 2023 Page 1 of 1

COVER LETTER

TO:

INHS18 (2/14)

то:	Registration Section Division of Corporations		
SUBJ	Limitless Global Ventures LLC		
	ì	Name of Limited I	Liability Company
Dear :	Sir or Madam:		
The e	nclosed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Pleaso	e return all correspondence concerning	g this matter to the	e following:
Sapph	ire Marquez		
	Name of Person	 -	
SunDo	oe Filings		,
	Firm/Company		
7801 1	Folsom Blvd Ste 202		
	Address		
Sacrar	nento CA 95826		
	City/State and Zip Coc	le	
aspitle	er@tbsslaw.com		
	E-mail address: (to be used for future	annual report noti	fication)
For fi	orther information concerning this mat	tter, please call:	
Andre	w C. Spitler	480 at (483-9600
	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 follow	ing 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	lame of the limited liability company: Limitless Globa	il Venture	es L	LC		
2. (a)	100 A STILLEY INDIVE 600		(b)	2200 E. WILLIAMS FIELD RD. 200		
i. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) TAMPA, FL 33602		(0)		(Note: MAY BE I	mited liability company: POST OFFICE BOX)
	12/05/2019			L19000297	069	
3.	Date of filing/registration in Florida	4.	_		Document numb	per
5. (a	SUNDOC FILINGS INCORPORATED					~2,
J. (a	Registered Agent and Registered Office shown on the records of	- ::				
	3458 LAKESHORE DRIVE					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	.SS)		-	•
						•
	TALLAHASSEE	32312 FL_			-	
		' <u>'</u>			-	•
(b)			_		_	
	Enter name of NEW Registered Agent and/or NEW Register	ed Office	<u>udd</u>	ress:		
	801 US Highway I				_	
	NEW Registered Office Address:					
	North Palm Beach	33408			-	
	,	<u> </u>	_		<u>-</u>	
chang agent was/w	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	he registe liability s of the l ne limited	erec con imit d lia	l office and apany, it is ted liability ability com	I the business of thereby confirmed company or as apany.	fice of the registered ed that the change(s)
/S/	Andrew C. Spitler	A	ndre	w C. Spitle		
-	ature of a member or authorized representative of a member				Printed or typed na	_
provis accep heing	thy accept the appointment as registered agent and a sions of all statutes relative to the proper and complet tthe obligations of my position as registered agent as filedto merely reflect a change in the registered office rennotified in writing of this change.	gree to a le perfor provided e addres	nct i mai d fo s, I	n this capa ice of my a r in Chapto hereby con	icity. I further a huies, and I am) er 605, F.S. Or, ifirm that the lim	gree to comply with the amiliar with and if this document is uited liability company
	Villiam Huser					
Signat	ure of Registered Agent					