(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



4004188623147

A. BUTLER

## 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

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 MANAGEMENT, LLC

#### PLEASE PERFORM THE FOLLOWING SERVICES: LIMITLESS GLOBAL MANAGEMENT, 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)

TO:	-	stration Section sion of Corporations										
SUBJI	ECT:	T: LIMITLESS GLOBAL MANAGEMENT, LLC  Name of Limited Liability Company										
	.,											
Dear S	Sir or N	⁄ładam:										
The en	iclosec	Registered Agent/Registered	Office Change ar	nd fee(s) are submitted for filing.								
Please	return	all correspondence concerning	g this matter to th	ne following:								
Sapphi	re Mar	quez										
		Name of Person		<del></del> -								
SunDo	e Filing	āz										
		Firm/Company		<del></del>								
7801 F	olsom	Blvd Ste 202										
	•	Address		_ <del>_</del>								
Sacram	nento C	'A 95826										
		City/State and Zip Coc	de	<del></del>								
aspitler	r@tbssl	law.com										
l:	E-mail	address: (to be used for future	annual report not	tification)								
For fur	rther in	nformation concerning this mat	tter, please call:									
Andrev	v C. Sp	itler	480 at (	483-9600 )								
		Name of Person		Area Code & Daytime Telephone Number								
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303								
	Encl	osed is a check for the follow	ing amount:									
	<b>=</b> \$1	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: LIMITLESS GLOBA										
2. (a)	100 ASHLEV DRIVE 600			(b) 2200 E. WILLIAMS FIELD RD. 200							
<b>-</b> . ()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)									
	TAMPA, FL 33602		GILBERT, AZ 85295								
	01/02/2020		1.19	0002970	86	· -		_			
3.	Date of filing/registration in Florida	4.			Documer	ıt number					
5. (a)	SUNDOC FILINGS INCORPORATED										
J. (d)	Registered Agent and Registered Office shown on the records of the	Florid	a Der	ot, of State	;						
	3458 LAKESHORE DRIVE										
	Registered Office Address (MUST BE FLORIDA STREET ADD		S FULL	<b>2</b> 023 DEC	7						
(b)	TALLAHASSEE ,FL 32			<del>-</del> I-	Sandard Amazan						
	United Agent Group Inc.		္ပါတ	90 :11 HV							
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office address</u> :					FILE FILE	: 08				
	801 US Highway 1										
	NEW Registered Office Address:										
	North Palm Beach , FL 33	408									
change agent was/w the art	imited liability company is not organized under the laws of or changes are made, the Florida street address of the regwill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of the limited organization or the operating agreement of the limited agreement of the limited agreement.	gistere lity co he lin nited l	ed of Impa nited liabil	ffice and my, it is liability	I the busing the hereby company pany.	ness offic onfirmed	e of th that th	e registered ne change(s)			
<u>/S/_</u> Signa	/S/ Andrew C. Spitler Signature of a member or authorized representative of a member			о. оршс		typed name	of sign	<u> </u>			
I here provis accept heing j has be	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete per the obligations of my position as registered agent as proyfiledto merely reflect a change in the registered office adaennotified in writing of this change.	to act form ided j lress,	t in to ance for in I he	his capa of my d a Chapte reby con	city. I fu	ether avre	ee to c	omply with the			
	Villiam Huser										