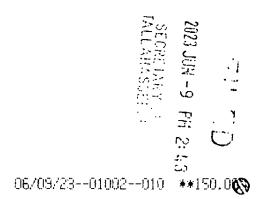
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(Requestor's Name)
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COVER LETTER

TO: Registration Section Division of Corporations	
CASH GEEKS LLC SUBJECT:	
	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Meghan Edwards, Esq.	
Name of Person	
Edwards & Edwards PA	
Firm/Company	
6620 Southpoint Dr S. Suite 200	
Address	
Jacksonville, FL 32216	
City/State and Zip Code	
Gonzalo@cashgeeks.com	
E-mail address: (to be used for future annual report	t notification)
For further information concerning this matter, please ca	ıll:
Gonzalo Corzo 94	1 993-9892
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 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)	103 CENTURY 21 DRIVE STE 100	(b)	ENTURY 21 DRIVE STE 100
,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32216		JACKS	SONVILLE, FL 32216
	12/23/2019		1,200000	003836
	Date of filing/registration in Florida	4.		Document number
(a)	REGENCY LITHO ASSETS LLC			
,	Registered Agent and Registered Office shown on the record	ls of the Florid	a Dept. of	State:
	Registered Office Address (MUST BE FLORIDA STRE	EET ADDRES	<u>S)</u>	
	JACKSONVILLE	, FL 32211	•	1
b)	REGENCY LITHO ASSETS LLC			7023 JUN -9 SEURCIAN ALLAHASSI
,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ered Office a	ddress:	
	NEW Registered Office Address:			
	103 CENTURY DRIVE STE 100	. <u> </u>		<u> </u>
	JACKSONVILLE	, FL_32216		
nge nt w /we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limite authorized by an affirmative vote of the members of organization or the operating agreement of	the registe d liability c ers of the li	red office ompany, nited liab	and the business office of the registered it is hereby confirmed that the change(s) pility company or as otherwise provided i
2172 L	D. 7 . 2227 16 44 + D*1	Go	nzalo Corz	zo
mat	ture of a member or authorized representative of a member			Printed or typed name of signee
eret visio obli nere	by accept the appointment as registered agent and ons of all statutes relative to the proper and comp igations of my position as registered agent as prov ely reflect a change in the registered office addres.	agree to ac lete perforn vided for in s, I hereby c	t in this c vance of n Chapter (confirm th	capacity. I further agree to comply with my duties, and I am Jamiliar with and ac 605, F.S. Or, if this document is being f hat the limited liability company has bee

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent