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COVER LETTER

TO: 'Registration Section

INHS18 (2/14)

Division of Corporations	
SUBJECT: Net Set Adventures NA / Name of Limited Liability Company	'C
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted	I for filing.
Please return all correspondence concerning this matter to the following:	
Name of Person Wet Set Adventures NA LCC Firm/Company	
Firm/Company	
336 Contral Park W. Apt 4C	
NewYork, NY 10025 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
David Tos; at (973) 941-9 Name of Person Area Code & Day	ytime Telephone Number
Mailing Address:Street AddressRegistration SectionRegistration SeDivision of CorporationsDivision of CorP.O. Box 6327The Centre of Tallahassee, FL 32314Tallahassee, FL 32314Tallahassee, Fl	ction rporations Fallahassee se Street, Suite 810
Enclosed is a check for the following amount:	
□ \$25 Filing Fee □ \$55 Filing Fee & Cer	tified 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.

I. N	ame of the limited liability company:	Set Ac	lvent	URPS 1	VAZLC		
	336 Contral Prick West, Apt 4C	•		_	PARK W. A	pt 40	1
L. (u)	Principal office address of limited liability company:	(0)		Mailing address of	of limited liability c	ompany:	<u> </u>
	(Note: MUST BE STREET ADDRESS)		r		<u>BE POST OFFICE</u>	<u>BOX</u>)	
	New York NY 10025		_Ne	wYork	NY 10	025	·
				ĺ	•		
						-	
	01/01/2020		120	20000	0532	/	
3.	OI OI 2020 Date of filing/registration in Florida	4.		Document nu		<u>'</u>	
5 (a)	LAWRENCE G Tosi						
(4	Registered Agent and Registered Office shown on the records of	of the Florida	Dept. of Stat	- le:			
	6141 Robinson St. Jupiter	FL	3345	8			
	Registered Office Address (MUST BE FLORIDA STREE						
			-	-			
	, F	?L		_	700	2020	
(h)					デス	AU	*=
(b)	Enter name of NEW Registered Agent and/or NEW Registere	ed Office add	ress:	_	25	(C)	
					\$ 5 C	ω -	{ - ₽
	9 Westwood Aue, Unit <u>NEW</u> Registered Office Address: Toquesta, FL. 33469	102		_	in co	AH 10:	1
	NEW Registered Office Address:				전지	Ö	-
	Toquesta, FL. 53969			_	, E	1	
	7		-	- '			
	F	²L		_			
If the	limited liability company is not organized under the E	awe of the	State of El	arida it is har	aby contiemed t	nat after	tha
chang	e or changes are made, the Florida street address of the	ie registerec	l office an	d the business	office of the reg	gistered	me
agent was/w	will be identical. Or, in the case of a Florida limited rere authorized by an affirmative vote of the members	liability cor s of the limi	npany, it i ted liabilit	s hereby confi y company or	rmed that the chas otherwise pro	ange(s) ovided ir	ì
	ticles of organization or the operating agreement of th				•		
	W///2		Day	id G.	TOS/		
	ature of a member or authorized representative of a member			• • • • • • • • • • • • • • • • • • • •	J		
ı nerc proviş	rby accept the appointment as registered agent and as ions of all statutes relative to the proper and complet	gree to act i le performai	n this cap uce of my	acity. 1 furthe duties, and La	r agree to comp m familiar with	ly with th and acce	re epi
ine ob	ions of all statules relative to the proper and complet ligations of my position as registered agent as provid rely reflect a change in the registered office address, i	iea jor in Cl I hereby coi	napter 602 ifirm that), t.s. Or, if th the limited liai	nis document is bility company l	peing file ias been	2đ
notific	ed'in writing of this change.						
Signat	ure of Registered Agent						