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COVER LETTER

Division of Corporations			
SUBJECT: Christing Pasque Name of Limited Lie	uali LLC //		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and f	ee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the fo	ollowing:		
Christing Pasquali Name of Person	_		
Firm/Company			
1632 W Belmont Av	e. Apt. 308		
Chicago IL 60 City/State and Zip Code	2657		
CD959491i. Valqw@gmail.com H-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Christing Pasquali at (20) 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:			

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

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 Name of the limited liability company: Christing Pasquali	11011
	case uch
2. (a) awaiting update on Suntiz K(b) awaiting update on Principal office address of limited liability company: Marting address of limited liability company: Marting address of limited liability company:	SUNDIZ COS
News (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OF	• • •
Addie, 15360 Sonoma Drive 1632 W Belmont	- Ave-
10 Apt. 103 Apt. 103 Apt. 308	6065
add sa	<u> </u>
01/08/2020 L20000013	7285
3. Date of filing/registration in Florida 4. Document number	
5. (a) Christing L Pasquali	
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:	
15201 So 10mg Orive	
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	202
APT. 205	St Co. ISID)
Fort Myers II 33908	Y-1
	TORN P
(b) Christing L Pasqual,	27 H
Enter name of NEW Registered Agent and or NEW Registered Office address:	
15360 Sonoma Drive	7 7
NEW Registered Office Address:	
AP+. 103	
Fort Myers .FL 33700	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirm	ned that after the
change or changes are made, the Florida street address of the registered office and the business office of t agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that t	he registered
agent will be identical. Of, in the east of a Fibrida inflict hability company, it is hereby confirmed that t	he change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwi	he change(s)
the articles of organization or the operating agreement of the limited liability company.	he change(s) se provided in
the articles of organization or the operating agreement of the limited liability company.	he change(s) se provided in
the articles of organization or the operating agreement of the limited liability company. Artistic Land Christian Land Christian Land or typed name of signature of a member or authorized representative of a prember Printed or typed name of signature of a member or authorized representative of a prember agree to act in this capacity. I further agree to	he change(s) se provided in GUGI comply with the
the articles of organization or the operating agreement of the limited liability company. Artistic Land Christian Land Christian Land or typed name of signature of a member or authorized representative of a prember Printed or typed name of signature of a member or authorized representative of a prember agree to act in this capacity. I further agree to	he change(s) se provided in GUGI comply with the
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