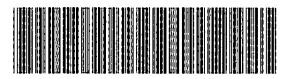
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(Re	equestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
<b>\</b>	,	- ··· <b>,</b>		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
,	•	,		
	ocument Number)	<del></del>		
(50	cament Namber)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
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(1)



## **COVER LETTER**

FO: Registration Section Division of Corporations		• .	*
Cathy Hart Law, PLLC SUBJECT:		. 175. 6	
	Name of Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered	1 Office Change and	I fee(s) are submitted for filing	g.
Please return all correspondence concerning	ng this matter to the	following:	
Cathy L Hart			
Name of Person			
Firm/Company		<del></del>	
12415 Fairlawn Dr.			
Address			
Riverview, Fl. 33579			
City/State and Zip Co	xle		
chart@cathyhartlaw.com			
E-mail address: (to be used for future	e annual report notil	fication)	
For further information concerning this ma	atter, please call:		
Cathy Hart	813 at (	400-1440	
Name of Person		Area Code & Daytime Tel	ephone Number
Mailing Address:		Street Address:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporation	s
P.O. Box 6327		The Centre of Tallahass	ee
Tallahassee, FL 32314		2415 N. Monroe Street, Tallahassee, FL 32303	Suite 810
Enclosed is a check for the follow	wing amount:		
■ \$25 Filing Fee	<b>□</b> \$	S55 Filing Fee & Certified Co	ру

## 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.

l. Na	ame of the limited liability company: Cathy Hart Law, I	PLLC			
2. (a)	12415 Fairlawn Dr.		(b) 12415 Fairlawn Dr.		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	'	·,	Mailing address of limited liability compa	•
	Riverview, FL 33579		Riverview	ew, FL 33579	<del></del>
	9/2/21		L20000050	50193	
3.	Date of filing/registration in Florida	4.		Document number	
5. (a)	Cathy Hart				
. (u)	Registered Agent and Registered Office shown on the records of 137 S. Pebble Beach Blvd	the Florida	Dept. of Sta		
	Registered Office Address (MUST BE FLORIDA STREET) Ste 103	<u>ADDRESS</u>	<u>.</u>	2021 SEP - SEKTE AV	Π
	Sun City , FL	33573		-7	_ n
(b)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> Cathy Hart		dress:	AM 9: 52 OF STATE SEE, FL	
	NEW Registered Office Address:	<del></del>	<del></del>	<del></del>	
	12415 Fairlawn Dr.			<del></del>	
	Riverview , FL	33579			
change igent was/we he artic Signat	imited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of cles of organization or the operating agreement of the function of a member of a light statutes relative to the proper and complete	registere ability co of the lim limited l  Cath	ed office ar impany, it ited liabili iability con by L Hart	and the business office of the registe t is hereby confirmed that the change lity company or as otherwise provid ompany.  Printed or typed name of signee appacity. I further garee to comply we	ered e(s) ed in
ronjied	ons of all statules relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I have been address.	d fór in C hereby co	hapter 60 Infirm that	05, F.S. Or, if this document is bein at the limited liability company has t	g filed Seen