12000057024

(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:					
J. DENNIS 10/25/24					

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COVER LETTER

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INHS18 (2/14)

TO:	Registration Section Division of Corporations					
SUBJE	LUKE YUHICO LLC					
	Name of Limited Liability Company					
Dear Si	r or Madam:					
The enc	closed Registered Agent/Registered	l Office Change an	nd fee(s) are submitted for filing.			
Please r	eturn all correspondence concernir	ng this matter to th	e following:			
Courtne	y Proefrock					
	Name of Person					
Anderso	on Business Advisors					
	Firm/Company					
3225 M	cLeod Drive, #100					
	Address					
Las Veg	gas, NV 89121					
	City/State and Zip Co	de				
ra@and	ersonadvisors.com					
E-	mail address: (to be used for future	annual report not	ification)			
For furt	her information concerning this ma	atter, please call:				
Courtne	y Proefrock	800 at (7064741)			
	Name of Person		Area Code & Daytime Telephone Number			
	Mailing Address:		Street Address:			
	Registration Section		Registration Section			
	Division of Corporations		Division of Corporations			
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810			
	Tallallassee, FL 52514		Tallahassee, FL 32303			
	Enclosed is a check for the follow	ving amount:				
	■ \$25 Filing Fee	ū	\$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.

) [818 CHOCTAW LN	į	(b)818 CH	OCTAW LN
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		`	Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	SHALIMAR, FL 32579		SHALIN	MAR, FL 32579
	02/20/2020		1.2000005	57024
1)	Date of filing/registration in Florida LUKE O YUHICO	4.		Document number
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 818 CHOCTAW LN			
		'ADDRES	<u>SS)</u>	2024 SEC
	818 CHOCTAW LN	32579		2024 SEP 18 SECRETARY
	818 CHOCTAW LN SHALIMAR			2024 SEP 18 PM1 SECRETARY OF S
) _	818 CHOCTAW LN SHALIMAR, F	L 32579		2024 SEP 18 PM11: 40 SECRETARY OF STATE ALL MIXS STEEL ORDS
) _	818 CHOCTAW LN SHALIMAR , F Anderson Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registere 625 E. Twiggs Street, Suite 110,	L 32579		2024 SEP 18 PM11: 40 SECRETARY OF STATE ALL ALLS STEEL ORDS.
) _	818 CHOCTAW LN SHALIMAR, F Anderson Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registere	L 32579		2024 SEP 18 PM11: 40 SECRETARY OF STATE ALL MINSELF FLORID.

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Courtney Proefrock	Courtney Proefrock
Signature of a member or authorized representative of a member	Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent