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| (Requestor's Name) | | | | | |
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| PICK-UP WAIT MAIL | | | | | |
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| Certified Copies Certificates of Status | | | | | |
| Certified Copies Certificates of Status | | | | | |
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| Special Instructions to Filing Officer: | | | | | |
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Office Use Only



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COVER LETTER

| TO: | | tration Section ion of Corporations | | | | | |
|---------|------------------------|------------------------------------------------------------------------------------------|-----------|------------|------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| SUBJ | rc'i | T: SOUL95 LLC Name of Limited Liability Company | | | | | |
| SOIM | LCI | | | | | | |
| Dear S | Sir or M | adam: | | | | | |
| The er | iclosed | Registered Agent/Registered O | Mice Cha | inge and | I fee(s) are submitted for filing. | | |
| Please | return a | all correspondence concerning t | his matte | er to the | following: | | |
| Campl | xell Blair | ne Cassino | | | | | |
| | | Name of Person | | | _ | | |
| SOUL | 95 LLC | | | | | | |
| | | Firm/Company | | | | | |
| 285 NI | E 51 St. / | Apt #4 | | | | | |
| | | Address | | | | | |
| Miami | , FL. 33 | 137 | | | | | |
| | | City/State and Zip Code | | | | | |
| cassino | 540@gm | ail.com | | | | | |
| | E-mail a | ddress: (to be used for future ar | nnual rep | ort noti | fication) | | |
| For fu | rther inf | formation concerning this matte | r, please | call: | | | |
| Campl | ell Blair | ne Cassino | at (| 305 | 993-8681 | | |
| | | Name of Person | (| - | Area Code & Daytime Telephone Number | | |
| | Regis Divis P.O. | ing Address: stration Section sion of Corporations Box 6327 hassee, FL 32314 | | | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 | | |
| | Enclo | sed is a check for the followin | ıg amoui | nt: | | | |
| | ■ \$25 Filing Fee | | | - 9 | 55 Filing Fee & Certified Copy | | |

TO:

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. 1 | lame of the limited liability company: SOUL95 LLC | | | | | | |
|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|------------------------------------------------------------------------------|--|--|--|--|
| 2. (a) | | (b) | | | | | |
| _, (| Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | (0) | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | | | | |
| | 285 NE 51 St. Apt #4 | | | | | | |
| | Miami, FL. 33137 | | | | | | |
| | | _ | | | | | |
| | | 1.200 | 00062839 | | | | |
| 3. | Date of filing/registration in Florida | 4. | Document number | | | | |
| 5. (a | 2/25/20 | | | | | | |
| J. (a | Registered Agent and Registered Office shown on the records of the Florida Dept. of State: | | | | | | |
| | | , | | | | | |
| | Registered Office Address (MUST BE FLORIDA STREET | ADDRESS) | | | | | |
| | 285 NE 51 ST. ΑΡΓ #4 | | | | | | |
| | | | | | | | |
| | Miami , F | L | | | | | |
| | | | | | | | |
| (b) | | | | | | | |
| | Enter name of NEW Registered Agent and/or NEW Registere | d Office address: | - ; | | | | |
| | Campbell Blaine Cassino | | <u>-</u> ٠ | | | | |
| | NEW Registered Office Address: | | | | | | |
| | 285 NE 51 St. Apt #4 | | | | | | |
| | | | | | | | |
| | Miami | 33137 | | | | | |
| | | L | | | | | |
| If the | limited liability company is not organized under the la | ws of the State | of Florida, it is hereby confirmed that after the | | | | |
| agent | e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited limit | iability compan | v. it is hereby confirmed that the change(s) | | | | |
| was/w | ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the | of the limited I | iability company or as otherwise provided in | | | | |
| | and the Control of the | | y company. MPBELL BLAINE CASSINO | | | | |
| Sign | ature of a member or authorized representative of a member | | Printed or typed name of signee | | | | |
| the ob to mei | by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I did now iting of this change. | ree to act in thi performance o d for in Chapte hereby confirm | e congeity. I further armed to commhowish the | | | | |
| Signat | ure of Registered Agent | | | | | | |