## 120000084999

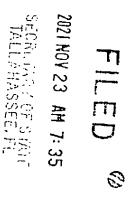
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C. BRUMBLEY

## **COVER LETTER**

TO:		istration Section sion of Corporations			•					
SUBJE	CT.	MAYYY, LLC								
	.C.I.	Name of Limited Liability Company								
Dear Si	ir or N	Madam:								
The end	closed	d Registered Agent/Registered Office Cl	hange	e and fo	ee(s) are submitted for filing.					
Please	return	all correspondence concerning this ma	tter te	the fo	llowing:					
g. g	. 1	and the state of t								
Sara Ca	istro 1'	otts, Esquire			_					
		Name of Person								
Castro I	Potts I	Law Firm, PLLC								
		Firm/Company			_					
14864 T	Famia	mi Trail, Unit A-205								
		Address			<del>-</del>					
North P	oπ, Fl	L 34287								
		City/State and Zip Code			_					
scastro(	@castr	ropotts.com								
E	-mail	address: (to be used for future annual re	eport	notific	ation)					
For fur	ther in	nformation concerning this matter, pleas	se cal	l:						
Sara Ça	istro P	otts		941	300-9595					
		Name of Person			Area Code & Daytime Telephone Number					
	Reg Divi P.O.	iling Address: istration Section ision of Corporations . Box 6327 ahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

■ \$25 Filing Fcc

## 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. Na	ame of the limited liability company: MAYYY, LLC								
2. (a)	c/o: Castro Potts Law Firm, PLLC		(b)	c/o: Castro Potts Law Fi	rm, PLLC				
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: M-1Y BE POST OFFICE BOX)					
	14864 Tamiami Trail, Unit A-205		_	14864 Tamiami Trail, U	Jnit A-205				
	North Port, FL 34287	_	_	North Port, FL 34287					
	03/18/2020		L	20000084999					
3.	Date of filing/registration in Florida	4.	_	Document n	umber				
5. (a)	Sara Castro, Esquire								
. ,	Registered Agent and Registered Office shown on the records of the Florida Dept, of State:  99 Nesbit Street  Registered Office Address (MUST BE FLORIDA STREET ADDRESS)								
	Punta Gorda, FL	33951	()		20: SE				
(b)	Castro Potts Law Firm, PLLC				2021 NOV 23 SECNLARIAS	مد			
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ess:	V 23	=					
	1990 Main Street		***	17					
	NEW Registered Office Address:			フ					
	Suite 750		35						
	Sarasota , FL	34230	6			Ø			
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	regist ability of the l	tered complimite	office and the busines pany, it is hereby conf ad liability company of	s office of the registered irmed that the change(s)				
	Ina Cather	S	Sara C	astro Potts					
Signa	tire of a member or authorized representative of a member			Printed or type	ed name of signee				
provisi the obl to merc notified	by accept the appointment as registered agent and agreens of all statutes 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 refer to this change.	ce to o perfor d for i pereby	act in rmand in Che v conj	this capacity. I furth ce of my duties, and I a apter 605, F.S. Or, if i arm that the limited lid	er agree to comply with to am familiar with and acco this document is being fil ability company has been	he ept ed			
	re of Registered Agent								