N2000094929

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COVER LETTER

TO: Registration Sec Division of Cor				3 3	ı	7 4	4 .	i r	
SUBJECT: 3R ENTE	ERPRISES LLC				_				
	Nar	ne of Limited L	iability Com	pany					
Dear Sir or Madam:									
The enclosed Registered	l Agent/Registered Off	fice Change and	fee(s) are so	bmitted	for fil	ing.			
Please return all corresp	ondence concerning th	is matter to the	following:						
Melissa Jones									
	Name of Person								
ZenBusiness Inc.									
	Firm/Company								
336 E. College Ave. Suite	301								
	Address							2022	
Tallahassee, FL 32301							7: 2: 10:	2022 JUL 11 PH 1: 07	
City/State and Zip Code							IASS	— T0	: [*}
ra@zenbusiness.com							(1) (1)	<u> </u>	
E-mail address: (to	be used for future and	nual report notif	fication)				ينا تا ياسا تا تاسد	07	
For further information	concerning this matter	, please call:							
Melissa Jones		844 at (493-624)	9					
Name o	f Person		Area Cod	e & Day	time T	elepho	ne Num	ber	
Mailing Addr Registration So Division of Co P.O. Box 6327	ection orporations		Street A Registrat Division The Cen	tion Sec of Corp tre of Ta	orati allaha	ssee			
Tallahassee, FL 32314			2415 N. Tallahas				te 810		

Enclosed is a check for the following amount:

□ \$25 Filing Fee □ \$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.

	Name of the limited liability company: ST CINIC	
2. (a	, 5781 LEE BLVD	_(b) 5781 LEE BLVD
2. (a	Principal office address of limited liability company. (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	#208-238	#208-238
	LEHIGH ACRES, FL 33917	LEHIGH ACRES, FL 33917
	04/01/2020	L20000094929
3.	Date of filing/registration in Florida	4. Document number
5. (a	Registered Agents Inc.	
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of State:
	7901 4th St N	
	Registered Office Address (MUST BE FLORIDA STREET	
	STE 300	022
	St. Petersburg , FI	33702
(b	ZenBusiness Inc	
•	Enter name of NEW Registered Agent and/or NEW Registered	1 Office address:
	336 E. College Ave.	07
	NEW Registered Office Address:	
	Suite 301	
	Tallahassee , FI	
chang agent was/v	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li	ws of the State of Florida, it is hereby confirmed that after the registered office and the business office of the registered ability company, it is hereby confirmed that the change(s) of the limited liability company or as otherwise provided in limited liability company.
/s/	Gregory Allan Barr	Gregory Allan Barr
Sig	nature of a member or authorized representative of a member	Printed or typed name of signee
provi the o to me notifi	sions of all statutes relative to the proper and complete	ree to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and accept d for in Chapter 605, F.S. Or, if this document is being filed hereby confirm that the limited liability company has been