## L20000098998

(Red	questor's Name)	
(Add	iress)	
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(City	/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bus	siness Entity Nam	ne)
(Doo	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	

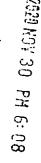
Office Use Only



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14 2021 S. YOUNG



## COVER LETTER

TO:		stration Section sion of Corporations		
SUBJE	CT.	Howell International LLC		
3000		N	ame of Limited L	iability Company
Dear Si	ir or N	ladam:		
The end	closed	Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please	return	all correspondence concerning	this matter to the	following:
Jevon F	lowell			
		Name of Person		<del></del>
Howell	Intern	ational LLC		
		Firm/Company	- <del>-</del>	
5201 SV	W 31 z	Ave APT 225		
		Address		
Fort La	uderda	de FL, 33312		
		City/State and Zip Code	:	<del></del>
howelli	nterna	tionalgroup@gmail.com		
E	-mail	address: (to be used for future a	nnual report notif	ication)
For furt	ther in	formation concerning this matt	er, please call:	
Jevon I	łowell		786 at (	285-8793
		Name of Person	\	Area Code & Daytime Telephone Number
	Mai	ling Address:		Street Address:
	Regi	stration Section		Registration Section
		sion of Corporations		Division of Corporations
		Box 6327		The Centre of Tallahassee
	Talla	ahassee, Fl. 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
	Encl	osed is a check for the followi	ng amount:	
		5 Filing Fee	•	55 Filing Fee & Certified Copy

INHS18 (2/14)

## 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:	nal LLC		
2. (a)	Jevon Howell	(b) Jevo	on Howell	
(u)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	5201 SW 31 AVE APT 225	5201	SW 31 AVE APT 225	
	Fort Lauderdale FL, 33312	Fort	Lauderdale FL, 33312	
	11/24/2020	1.2000	00098998	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	Jevon Howell			
. (41)	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	
	Jevon Howell 2537 Dewey St Hollywood Florida, 33020			
	Registered Office Address (MUST BE FLORIDA STREET)	7879 KOV 30		
,	/ 5201 SW 31 Ave APT 225			': -
- 1	Fort Lauderdale	33312	: W	786
(6)	Enter name of NEW Registered Agent and/or NEW Registered  NEW Registered Office Address:	Office address:	6; 08 ——	• -
	Ţ	-		
	. FL			
change agent v was/w the art Signa I here provisi the obi to mer	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 ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the nure of member or authorized representative of a member by accept the appointment as registered agent and agricular of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I if a din writing of this change.	registered offi ability compan of the limited li limited liabilit	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided i y company.  A Devel Printed or typed name of signee  s capacity. I further agree to comply with the	in the