L20000 102 221

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	TIAW	MAIL		
(Busine	ss Entity Name)			
(Docum	ent Number)			
`	,			
Certified Copies	Certificates of	Status		
•		- 1		
Special Instructions to Filing	g Officer:			
	J. HORN	i		
	JAN 3 1	2023		
	₩ ₹ ***			

Office Use Only



900396634319

11/08/22--01016--000 **.%.00



SUBJECT: 54	Submit Bonds, UC Name of Limited Liability Company					
Name of L	imited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fec(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Dayane Zamora-	Alvanez					
SubmitBonds LLC Firm/Company						
3055 Scenic Hwy	_,SuiteA					
Sebring FL 33870 City/State and Zip Code)					
Hrestinc anail.com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please	eall:					
Dayone Zamora-Dluorez (786) 718-3188 Name of Person Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303					
Enclosed is a check for the following amount:						
💢 \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					
INHS18 (2/14)						

Registration Section Division of Corporations

TO:

LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability co. submits the following statement in order to change its registered office or registered agent, or both, in the State of F.

1.	Na	me of the limited liability company: Submit Bond	1s,LLC	
2.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability (Note: MAY BE POST OFF)	ity company
		Scrite A	Seite A	
		Sebring FL 33870 Se	ebring, FLZ	238
3.		Date of filing/registration in Florida 4.	L3000103	001
5.	(a)	Andres A. Tovo-Torres Registered Agent and Registered Office shown on the records of the Florida Dept. of State	- e:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 3055 SCROIC Hay	SECRE	2022 NOV -
		Sebring FL 33870	TARY Yana	y -3
	(b)	Enter name of NEW Registered Agent and/ordEW Registered Office address:	기술 - 기술 - 기술	三リ州三2
		3055 Scenic Hwy NEW Registered Office Address:	-	27
		Suite A	-	
		Sebrina FL 33810	_	
cha age wa	ange ent w is/we	mited liability company is not organized under the laws of the State of Flore or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is the authorized by an affirmative vote of the members of the limited liability company.	d the business office of the s hereby confirmed that the y company or as otherwise	registered change(s)

walure of a member or applorized representative of a member

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with t provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and acc the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being fu-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

Stered Agent Signature of

> Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00