## L20000105668

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Bu	siness Entity Na	me)				
(Document Number)						
Certified Copies	_ Certificate	s of Status				
Special Instructions to Filing Officer:						

Office Use Only



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04/16/21--01014--032 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations				
SHRJE	PAIDLY LLC				
SUBJECT: Name of Limited Liability Company					
Dear S	ir or Madam:				
The en	closed Registered Agent/Registered	Office Change and f	ee(s) are submitted for filing.		
Please	return all correspondence concerning	g this matter to the fo	ollowing:		
BRENE	DAN CICCONE				
	Name of Person		<del></del>		
PAIDL	Y LLC				
	Firm/Company		_		
1317 EI	OGEWATER DR #2928				
	Address		_		
ORLAN	NDO, FL 32804				
	City/State and Zip Coo	de	_		
_	PAIDLY.APP				
Ë	-mail address: (to be used for future	annual report notific	ration)		
For fur	ther information concerning this ma	tter, please call:			
		at (	_)		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee		
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810		
	rananassee, vii saas		Tallahassee, FL 32303		
	Enclosed is a check for the follow	ving 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.

1. 1	Same of the limited liability company: PAIDLY LLC			
2. (a)			(b)	
_	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1317 EDGEWATER DR #2928, ORLANDO, FL 32804		1317 EDG	SEWATER DR #2928, ORLANDO, FL 32804
		<del></del>		
		_		
	04/17/2020		L20000105	668
3.	Date of tiling/registration in Florida	4.		Document number
5. (a	LEGALING CORPORATE SERVICES INC			
J. (a	Registered Agent and Registered Office shown on the records of t	he Flori	da Dept. of Sta	Le:
	LEGALINC CORPORATE SERVICES INC			
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRE	<u>SS)</u>	_
	5237 SUMMERLIN COMMONS, SUITE 400			7, 20
	FORT MYERS . FL	33907		MAPR 16 P
	,,		•	HASS.
(b	Kelly Miller			- SC 6 11:
	Enter name of NEW Registered Agent and/or NEW Registered	Office a	iddress:	P
				MELLARIASSEL FILORIBA
	NEW Registered Office Address:			>
	1317 Edgewater Dr			_
	Orlando F1	3280	4	
	1 D			_
chang agent was/v	limited liability company is not organized under the law ge or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial were authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the l	registe bility of the li limited	red office an company, it i mited liabilit	of the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in appany.
Sier	lature of a member or authorized representative of a member			Printed or typed name of signee
I her provi. the of to me notifi	eby accept the appointment as registered agent and agressions of all statutes relative to the proper and complete poligations of my position as registered agent as provided rely reflect a change in the registered office address. I hely in writing of this change.	e to a verfori for in ereby	et in this cap nance of my Chapter 602 confirm that	• • •