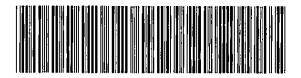


(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
Special Instructions to Filing Officer:							

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SUBJI	ANDOU LIMO'S SERVICES, LLC					
501501		Limited Liability Company				
Dear S	ir or Madam:					
The en	nclosed Registered Agent/Registered Office C	Change and fee(s) are submitted for filing.				
Please	return all correspondence concerning this ma	atter to the following:				
PIERR	E BLANC					
	Name of Person					
ANDO	OU LIMO'S SERVICES, LLC					
	Firm/Company					
7330 S	PINNAKER BAY DR.					
	Address	<del></del>				
LAKE	WORTH, FLORIDA 33467					
	City/State and Zip Code					
PIERR	EABLANC@YAHOO.COM					
<u> </u>	E-mail address: (to be used for future annual r	eport notification)				
For fu	rther information concerning this matter, plea	se call:				
PIERR	E BLANC	561-909-5797				
	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 amo	ount:				
	■ \$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. N	Name of the limited liability company: ANDOU LIMO'S	S SERVI	ICES, LLC		
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)  7330 SPINNAKER BAY DR.	_		Mailing address of limite  (Note: MAYBE POS  NNAKER BAY DR.	d liability company: T OFFICE BOX)
	LAKE WORTH, FL 33467	<del></del>	LAKE WO	ORTH, FL 33467	
	07/13/2020		L20000202	058	
3.	Date of filing/registration in Florida	— 4.		Document number	
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State REGISTERED AGENTS INC.			te:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 7901 4TH ST N STE 300				2024
(b)	ST. PETERSBURG	L 33702		_	2024 AUG 14
	Emer name of NEW Registered Agent and/or NEW Registered Office address:  PIERRE BLANC  NEW Registered Office Address:			-	PH 2: 33
	7330 SPINNAKER BAY DR.				
	LAKE WORTH, F	L_33467		_	
chang agent was/v the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited I were authorized by an affirmative vote of the members ticles of organization or the operating agreement of the limit black.  Black nature of a member or authorized representative of a member	e registe iability of the li e limited	ered office ar company, it i imited liabili	nd the business office is hereby confirmed t ty company or as oth mpany. C	of the registered hat the change(s) erwise provided in
				Printed or typed name of signee	
provi he ol o me notifi	why accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide welv reflect a change in the registered office address. I gd in writing of this change.	ree to a 2 perfor ed for in hereby	ict in this cap mance of my 1 Chapter 60, confirm that	oacity. I further agreduites, and I am Jam 5, F.S. Or, if this document the limited liability of the liabilit	e to comply with the iliar with and accept ument is being filed company has been
Signa	ture of Registered Agent				