120 000 204504

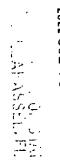
(Requestor's Name)								
(Address)								
(Address)								
,								
(City/State/Zip/Phone #)								
(City/State/Zip/Prione #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Certified Copies Certificates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

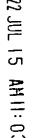
Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations						
SURI	ECT: ADMIRED FAITH LLC						
эсь.	Name	of Limited Liability Company					
Dear S	Sir or Madam:						
The er	iclosed Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.					
Please	return all correspondence concerning this	matter to the following:					
Melis	sa Jones						
	Name of Person						
ZenBu	siness Inc.						
	Firm/Company	 	າກ				
336 F	College Ave. Suite 301	: : : : : : : : : : : : : : : : : : :	2022 HII 15 AM II: 03				
	Address		=				
	Autress	7. C	л ; 				
Tallah	assee, FL 32301	ALASSE, FL					
	City/State and Zip Code	프 <u>트</u>	i. *= D				
ra@ze	nbusiness.com		~				
<u>_</u>	E-mail address: (to be used for fixture annua	al report notification)					
For fu	rther information concerning this matter, p	lease call:					
Mal	issa Jones	844 493-6249					
	Name of Person	at () Area Code & Daytime Telephone Number					
	Direction Address.	SAULT A JJULIA					
	Mailing Address: Registration Section	Street Address: Registration Section					
	Division of Corporations	Division of Corporations					
	P.O. Box 6327	The Centre of Tallahassee					
	Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303					
	Enclosed is a check for the following a	mount:					
□ \$25 Filing Fee		☐ \$55 Filing Fee & Certified Copy	\$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.

1.	Na	ame of the limited liability company: ADMIRED FAITH LLC						
2. (7521 Paula Drive	O.	_(b) 8504 WOODALL COURT				
2. (a)	Principal office address of limited liability company:	_ (M	ailing address of limite	d liability	сопрапу:	
		(Note: MUST BE STREET ADDRESS)			(Note: MAY BE POS		E BOX)	
		#261274	_	IAMP	A, FL 3361	<u>5 </u>		
		TAMPA, FL 33685	_	<u></u>				
		07/15/2020		L20000	204504			
3.		Date of filing/registration in Florida	4.	D	ocument number			
5.	(a)	Registered Agents Inc.						
	()	Registered Agent and Registered Office shown on the records of th	e Florid	a Dept. of State:				
		7901 4th St N						
		Registered Office Address (MUST BE FLORIDA STREET A	DDRES!	21	; ;	2022		
		STE 300				<u>J</u>		
		St. Petersburg , FL	33702		AHASSEE, FL	2022 JUL 15	Trans	
((b)	ZenBusiness Inc			SH C	AM 11: 04		
	•	Enter name of NEW Registered Agent and/or NEW Registered (Office ad	ldress:	71	. Qt		
		336 E. College Ave.				-		
		NEW Registered Office Address:						
		Suite 301						
			•	· · · · · ·				
		Tallahassee	32301					
char age was the	nge nt w /we arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liabilities authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability.	egistere ility co the lim mited l	ed office and tompany, it is lainted liability comp	the business office nereby confirmed t company or as oth any.	of the re that the c	egistered hange(s)	
				Jessica Alexander				
	•	ture of a member or authorized representative of a member			Printed or typed name	_		
pro the to n not	visi obl nere ifi e d	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I he will be a change. The of Registered Agent	e to act erform for in C ereby co	t in this capac ance of my du Chapter 605, , onfirm that th	nty. I further agre ties, and I am fam F.S. Or, if this doc e limited liability o	e to com iliar with cument is company	ply with the n and accept i being filed has been	