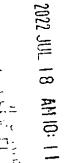


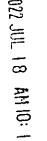
(Requ	estor's Name)			
(Addre	ess)			
(Addre	ess)			
(City/S	State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Busir	ness Entity Nar	ne)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Fil	ing Officer:			

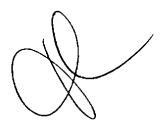




07/18/22 -- 01020 -- 019 ** 25.00







COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Division of Corporations			
SUBJECT: ADRIAN MARIEL ANDERSON	LLC		
Name o	f Limited I	Liability Company	
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office	Change and	I fee(s) are submitted for filing.	
Please return all correspondence concerning this m	atter to the	following:	
Melissa Jones			
Name of Person			
ZenBusiness Inc.			
Firm/Company			
336 E. College Ave. Suite 301			2022
			JUI.
Address		· ·	18
Tallahassee, FL 32301		F. T. Strainstraft	포
City/State and Zip Code	~		<u>ö</u>
ra@zenbusiness com		┌ :	
E-mail address: (to be used for future annual	report noti:	fication)	
For further information concerning this matter, ple	ase call:		
Melissa Jones	844	493-6249	
Name of Person	at (Area Code & Daytime Telephone Number	ī
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 am	ount:		
□ \$25 Filing Fee	□ s	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: ADRIAN	N MARIEL AI	NDERSON LLC	
2. (a)	2525 SOLITH MONDOE STDE			
, (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	20	<u>TAL</u> l	_AHASSEE, FL 32305	
	TALLAHASSEE, FL 32301			
	07/28/2020	L2000	00223088	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a	Registered Agents Inc.			
·	Registered Agent and Registered Office shown on the records 7901 4th St N	s of the Florida Dept. of St	ate:	
	Registered Office Address (MUST BE FLORIDA STRE. STE 300	ET ADDRESS)	2022	
	St. Petersburg	, FL		
(b)	ZenBusiness Inc		8	
	Enter name of NEW Registered Agent and/or NEW Register	ered Office address:		
	336 E. College Ave.		<u> </u>	
	NEW Registered Office Address:			
	Suite 301		<u>_</u>	
	Tallahassee,	, FL		
chang agent was/w the ar	limited liability company is not organized under the e or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of	the registered office a d liability company, it ers of the limited liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
	Adrian M Anderson	Adrian M		
-	ature of a member or authorized representative of a member		Printed or typed name of signee	
I here provis the ol to me notifi	eby accept the appointment as registered agent and sions of all statutes relative to the proper and comploitions of my position as registered agent as proving the reflect a change in the registered office address adjin writing of this change.	agree to act in this cap lete performance of my ided for in Chapter 60 i, I hereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	

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