## L7000035375Z

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(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:	





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## COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT: TAKE PROFITS AL Name of Limited Lia	WAYS, LLC bility Company							
Dear Sir or Madam:								
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the fo	illowing:							
STEVEN WU  Name of Person  TAKE PROFITS ALWA  Firm/Company	- Ys, LLC							
190 127H AVE N, APT	1116							
ST PETERS BURG, FL 33 City/State and Zip Code	3716							
take profits always @ gmail. (o E-mail address: (to be used for future amual report notific	<u>ation)</u>							
For further information concerning this matter, please call:								
STEVEN WM at 323	761 - 9872 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 Tallahassec, FL 32303							

☐ \$55 Filing Fee & Certified Copy

Enclosed is a check for the following amount:

\$25 Filing Fee

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.

ubmits the following states	nent in order to change its registe	ered office	or registe	ered agent, d	or both, in the	State of F	lorida.
(a) <u>[90   27-</u> Principal office : ( <u>Note: M</u>	bility company: TAKE  AVE N, APT 1116  address of limited liability company: UST BE STREET ADDRESS  ER SBURG, FL 3.	(b	5_	Mailing addre	78TH ss of limited liabi Y BE POST OF I	lity compa FICE BOX	ny: )
8/18/	/2020 ng/registration in Florida		L2	0000 Z	25375 number	2	
FINELL:  (b) MU STE  Enter name of NEW Re	egistered Office shown on the records of 8 TH IVE # 259  css (MUST BE FLORIDA STREET)  AS PARK, Fl  VEN  gistered Agent and/or NEW Registered  TH AVEN, A	53 address	780		TALLAHASSEE, FL	2020 SEP 10 PM 3: 31	
the limited liability compange or changes are made tent will be identical. Or, as/were authorized by an	ERSBURG. FI cany is not organized under the large, the Florida street address of the in the case of a Florida limited lia affirmative vote of the members of or the operating agreement of the	ws of the registere ability co of the lim limited li	State of Fld office armony, it ted liability con	nd the busine is hereby con ty company mpany.	ess office of th offirmed that th	e register e change	ed (s)

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

Printed or typed name of signee

Signature of Registered Agent

Signature of a member or authorized representative of a member