## 120 000 259 668

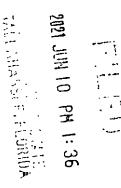
(Requestor's Name)							
(Address)							
,							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Business Entry Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:				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

Office Use Only



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06/10/21--01012--013 \*\*25.00



## **COVER LETTER**

TO:	Registration Section Division of Corporations	ÿ					
SUBJECT: 6690 17th Street N, LLC Name of Limited Liability Company							
		Name of Limited Liability Company					
Dear !	Sir or Madam:						
The e	nclosed Registered Agent/Registe	ered Office Change and fee(s) are submitted for filing.					
Pleaso	e return all correspondence conce	rning this matter to the following:					
	Kristen Lang Name of Person	<del>la</del> on					
	6690 17th St Firm/Company	weet N, LLC					
	68222nd Address	eN #329					
	St. Retersburg. City/State and Zip	FL 33710 Code					
	YLANZA24 @ G E-mail address: (to be used for fu	iture annual report notification)					
For fu	rther information concerning this	s matter, please call:					
	Kristen Lanza Name of Person	at ( <del>727</del> ) 804-6338  Area Code & Daytime Telephone Number					
	Mailing Address:	Street Address:					
	Registration Section	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 fo	ollowing amount:					
	\$25 Filing Fee	☐ \$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	me of the limited liability company:	17th St	reet N.	LLC
	6822 22nd Ave N		•	nd Ave N
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing addres	s of limited liability company:  "BE POST OFFICE BOX")
	#329	#	-329	
	St. Petersburg, FL 33710	<u> </u>	t. Peters	burg, FL 337-10
	08/21/20	L	200002	59668
3.	Date of filing/registration in Florida	4.	Document r	· · · · · · · · · · · · · · · · · · ·
5. (a)	Lanza Kristen			. 20
, ,	Registered Agent and Registered Office shown on the records of	the Florida Dept.	of State:	20 J
	524 61St ST N			2021 JUN 10
	Registered Office Address (MUST BE FLORIDA STREET.	<u>ADDRESS)</u>		50. <b>5</b>
				고 :
	St. Retersburg .FL	3371	<b>&gt;</b>	) 1:36 :1:38
				10 % S
(b)	Enter name of NEW Registered Agent and/or NEW Registered	1.055		
	Enter name of NEW Registered Agent and/or NEW Registered	Office address:		
	6822 22nd Ave N			
	NEW Registered Office Address:		<del></del>	
	#329			
		-		
	St. Retersburg FI	33710	<u> </u>	
change agent w was/we	mited liability company is not organized under the lay or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited have authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered offi ability compan of the limited li limited liabilit	ce and the busines y, it is hereby con ability company o y company.	ss office of the registered firmed that the change(s) or as otherwise provided in
		_Kri	sen la	mec
I herel provisi the obli to mere	urk of a monber of authorized representative of a member by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provided by reflect a change in the registered office address, I it in writing of this change.	ree to act in thi	r timed or ey, s canacity. I furth	ner agree to comply with the
Signatur	e of Registered Agent			