L20000263951

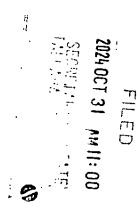
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COVER LETTER

TO:		stration Section ion of Corporations				
SUBJI	ECT:	. UTB ACCOUNT SERVICES LLC				
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	.,	Name of Limited Liability Company				
Dear S	Sir or M	ladam:				
The en	iclosed	Registered Agent/Registered C	Office Change and	d fee(s) are submitted for filing.		
Please	return	all correspondence concerning	this matter to the	e following:		
Tyler M	Mamone	2				
		Name of Person		 -		
Mamor	ne Villa	lon PLLC				
		Firm/Company				
100 SE	E 2nd St	, Suite 4030				
		Address				
Miami,	, FL 33	131				
		City/State and Zip Code	:			
tyler@	mvlawj	olle.com				
E	E-mail a	address: (to be used for future a	nnual report noti	fication)		
For fur	rther in	formation concerning this matt	er, please call:			
Tyler N	Mamone	;	786 at (4958180		
		Name of Person		Area Code & Daytime Telephone Number		
	Regi: Divis P.O.	ing Address: stration Section sion of Corporations Box 6327 shassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
	Encl	osed is a check for the followi	ng amount:			
	■ \$2	5 Filing Fee		\$55 Filing Fee & Certified Copy		

s • • •

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.

	ame of the limited liability company:		222-74 ANNO NO AN
(a)	2255 GLADES ROAD SUITE 324A		(b) 2255 GLADES ROAD
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company (Note: MAY BE POST OFFICE BOX)
	SUITE 324A		SUITE 324A
	BOCA RATON, FL 33431		BOCA RATON, FL 33431
	August 25, 2020		L20000263951
	Date of filing/registration in Florida	4.	Document number
(a)	Tyler Mamone		
(/	Registered Agent and Registered Office shown on the records of Mamone Villalon PLLC		
	Registered Office Address (MUST BE FLORIDA STREET) 100 SE 2nd St, suite 2000	ADDRE	ESS)
	Miami, F	33131	1
(b)	Tyler Mamone		FILED SECONDAND MILEO Address:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office	address: 27 T
	Mamone Villalon PLLC		31 AM
	NEW Registered Office Address:		
	100 SE 2nd St, Suite 4030		
	Miami, Fi	33131	
inge int w s/we	mited liability company is not organized under the la or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited li re authorized by an affirmative vote of the members cles of organization or the operating agreement of the	ws of the register ability of the limited	he State of Florida, it is hereby confirmed that after ered office and the business office of the registered company, it is hereby confirmed that the change(s) limited liability company or as otherwise provided

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.

Signature of Registered Agent