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(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:			
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status	(Re	questor's Name)	
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Office Use Only



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COVER LETTER

Division of Corporations							
The Last Dance Officiant and Not SUBJECT:	tary Services LLC						
	imited Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.						
Please return all correspondence concerning this matt	er to the following:						
Dena La Porta							
Name of Person							
ZenBusiness PBC							
Firm/Company							
5900 Balcones Drive, Suite 5000							
Address							
Austin, TX 78731							
City/State and Zip Code							
dena@zenbusiness.com	•						
E-mail address: (to be used for future annual rep	port notification)						
For further information concerning this matter, please	e call:						
Dena La Porta	512 237-7349						
Name of Person	Area Code & Daytime Telephone Number						
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314						
Enclosed is a check for the following 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	ame of the limited liability company:	The Last Danc	ce Offic	iant and	Notary Servic	es LLC		
2. (a)	610 Southeast 28th Terrace	-	(b) 610 Southeast 28th Terrace					
, ,	Principal office address of limited li (Note: MUST BE STREET A		_ (0)		Mailing address of li (Note: MAY BE			
	Cape Coral, FL 33904			Cape C	oral, FL 33904	1		
			_					
	09/04/2020		- !	 _200002	76377			
3.	Date of filing/registration in	Florida	4.		Document numb	ber	_	
5. (a)	Anderson, Brad D							
·	Registered Agent and Registered Office show	on the records of th	ne Florida	Dept. of Stat	- e;			
					_	. ,	26	
	Registered Office Address (MUST BE F	DDRESS)			ا د د میود	2020 OC1	4.6-46.1	
	610 Southeast 28th Terrace			_	_)CT	MTCT-ur
	Cape Coral	, FL ³	33904				S.	i
(b)	Erin Regan				-	SSEE	PH 5	
	Enter name of NEW Registered Agent and/	or NEW Registered C	Office add	ress:	-	, IA	5; 1,9	
						الثا	Φ	
	NEW Registered Office Address:	_		 -	-			
	610 Southeast 28th Terrace							
			_		-			
	Cape Coral	E1 3	3904					
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tric trial	mited liability company is not organis nge or changes are made, the Florida vill be identical. Or in the case of a V	Street address of th	けいいいき かい	ered office	and the buciness	e affica a	d'tha -	agiatana d
ugem w	vill be identical. Or, in the case of a F re authorized by an affirmative vote of	Torida ilmifed hah	HHIV con	inany it is	thereby confirms	ad that th	a ahan	
the artic	cles of organization or the operating a	igreement of the li	imited li	ability con	npany.	otnerwis	e prov	ided in
<u>C</u>	in Kayan		Erin —	Regan				
	are of a member of authorized representative of				Printed or typed nar	-		
the obli to mere	y accept the appointment as registere ons of all statutes relative to the propagations of my position as registered of the registered of in writing of this change.	ed agent and agree er and complete pe tgent as provided j ffice address, I he	e to act i erformar for in Ch reby con	n this cape ice of my a iapter 605 ifirm that t	acity. I further a duties, and I am f , F.S. Or, if this the limited liabili	gree to co amiliar v documen ty compa	omply with an of is he my has	with the ad accept ing filed s been
Signatur	c of Registred Agent							