LZ0000 288739

(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:			

Office Use Only



700352855207

10/06/20--01007--001 **25.00

RECEIVED OCT 0 5 2020



COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Live NOW W Name of Limit	itcd Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Alice Rosado Name of Person		
Live NOW With Alice LLC Firm/Company		
2600 Cedar bluff ly		
OCOCE, FL, 34761 City/State and Zip Code		
Olice rosado @ live Nowwith Alice E-mail address: (to be used for future annual report	e Com notification)	
For further information concerning this matter, please call:		
Alice Rosado at C	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 Tallahassee, FL 32303	
Enclosed is a check for the following amount:		
\$25 Filing Fee ■	□ \$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. Name of the limited liability company:	Now with Alice LLC
2. (a) 2600 Cedor Store IV Sugar Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: (b) 2600 CRACK SOUFF LY) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
Fra Bramon Occide FL 31	1761 Ocoee FL 34761
StPHMbtr 15 2020 Date of filing/registration in Florida	L Z 0000 Z 88 739 4. Document number
5. (a) United States Corporation Registered Agent and Registered Office shown on the reconstruction 55.75. S. Semoran bl	MAGENTS INC - rds of the Florida Dept. of State:
Registered Office Address (MUST BE FLORIDA STR	
(b) Alice ROSAGO Enter name of NEW Registered Agent and/or NEW Regis	stered Office address:
2600 Ctdav bluff NEW Registered Office Address:	lane = 3
OCOte	_FL_34761
change or changes are made, the Florida street address cagent will be identical. Or, in the case of a Florida limit	he laws of the State of Florida, it is hereby confirmed that after the of the registered office and the business office of the registered ted liability company, it is hereby confirmed that the change(s) bers of the limited liability company or as otherwise provided in of the limited liability company.
Signature of a member or authorized representative of a member	All Ce ROS ado Printed or typed name of signce
I haveby accept the appointment as registered agent an	nd agree to act in this capacity. I further agree to comply with the plete performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed ass, I hereby confirm that the limited liability company has been

Signature of Registered Agent

notified in writing of this change.