## 120000292595

(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:						
LHODA						
J. HORNE UCT - 5 2022						

Office Use Only



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61 (5/62--01), 0--035 (\*\*25,00)



## **COVER LETTER**

TO:	Registration Section Division of Corporations								
	Division of Corporations								
SUBJE	CT: 30A SERENITY NOW LLC								
Name of Limited 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:									
Meliss	sa Jones								
	Name of Person								
ZenBusiness Inc.									
	Firm/Company		<u> </u>						
336 E.	College Ave. Suite 301								
	Address		<del></del>						
Tallaha	ssee, FL 32301								
	City/State and Zip Cod	le							
ra@zer	abusiness com								
E-mail address: (to be used for future annual report notification)									
For further information concerning this matter, please call:									
Melis	ssa Jones	844 at (	493-6249						
	Name of Person	at (	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 following amount:									
	□ \$25 Filing Fee	٥	\$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.	Name of the limited liability company: 30A SERENITY NOW LLC							
2. (		1543 TRYON ROAD NE	n	<sub>n</sub> 1!	543 TRYON ROAD NE			
2. (	<b>.</b>	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ (	<i>7</i>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		BROOKHAVEN, GA 30319	_	BI	ROOKHAVEN, GA 30319			
		09/17/2020	-		0000292895			
<ul><li>3.</li><li>5.</li></ul>	(a)	Date of filing/registration in Florida Registered Agents Inc.	4.		Document number			
	•	Registered Agent and Registered Office shown on the records of the 7901 4th St N	e Florid	a Dept.	t. of State:			
		Registered Office Address (MUST BE FLORIDA STREET AL STE 300	DRES	 ស	& A			
		St. Petersburg , FL	3702					
(	(b)	ZenBusiness Inc  Enter name of NEW Registered Agent and/or NEW Registered C	ffice ad	ldress:	ALEGALIA SALLA			
		336 E. College Ave.						
		NEW Registered Office Address: Suite 301						
		Tallahassee , FL	2301					
charage: was the	nge nt v /we arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the rould be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable achary Hamilton	egistero ility co the lin mited l	ed off ompar nited l liabili	fice and the business office of the registered ny, it is hereby confirmed that the change(s) liability company or as otherwise provided in ity company.			
		ure of a member or authorized representative of a member	Za	CHa	Printed or typed name of signee			
	_	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete parties of my position as registered agent as provided by reflect a change in the registered office address, I he fin writing of this change.	e to act erform for in C reby c	i in th ance Chapt onfiri				

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent