## h20 000299033

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Basiless Elliky Halle)				
(Decument Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





600390133096

06/29/22--01011--016 \*\*25.00



10

## COVER LETTER

TO: Registration Section Division of Corporations	
X COMBO LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Name of Person	<del></del>
FOSTER'S ACCOUNTING SERVICES LLC	
Firm/Company	
3270 SUNTREE BLVD., STE 101D	
Address	<del></del>
MELBOURNE, FL 32940	
City/State and Zip Code	
321CLIENTSERVICES@GMAIL.COM	
E-mail address: (to be used for future annual repor	notification)
For further information concerning this matter, please ca	all:
ALFONSO FOSTER 32	323-3400
Name of Person	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	<b>:</b>
■ \$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.

. Na	me of the limited liability company:			
. (a)	1636 SEABREEZE LN., MELBOURNE FL 32935	(b) _	(b) 1636 SEABREEZE LN., MELBOURNE FL 32935	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Nate: MAY BE POST OFFICE BOX)	
	9/22/2020		0000299033	
. (a)	Date of filing/registration in Florida	4.	Document number	
. (a)	Registered Agent and Registered Office shown on the records of	the Florida De	pt. of State:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	TALLAHASSEE FI	32301	FIL 2022 JUN 29 ALLAHASSE	
(b)	FOSTER'S ACCOUNTING SERVICES LLC		129 VSSEE	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office addres	FILED JUN 29 AM II: 50 AIIASSEE, FLORIDA	
	NEW Registered Office Address:			
	3270 SUNTREE BLVD., STE 101D		<del></del>	
	MELBOURNE, FI	L_32940		
hange igent v vas/we	imited liability company is not organized under the later changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited light authorized by an affirmative vote of the members cles of organization or the operating agreement of the	registered of ability comp of the limited	office and the business office of the registered any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in	
Signa	ure of a member or authorized representative of a member	+	Printed or typed name of signee	
rovisi he obl o merc	by accept the appointment as registered agent and agons of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. It is writing of this change.	ree to act in a performance of for in Cha hereby confi	this capacity. I further agree to comply with the e of my duties, and I am familiar with and accep pter 605, F.S. Or, if this document is being filed rm that the limited liability company has been	