120000301681

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(Address)					
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PICK-UP WAIT MAIL					
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(Document Number)					
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FILED 2021 OCT -7 AM 7: 0 SECRETARY OF STATE

COVER LETTER

	O: Registration Section Division of Corporations					
SUBJEC						
	Name of L	imited 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:						
	THEATY BC9/C Name of Person					
The 19th Clement Firm/Company						
8000 GW / Jih GHECT Address						
Mam ¹ , FL 33/95 City/State and Zip Code						
Edward beale OU (a) Gmail Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Éa	Name of Person at (305) 205 - 2340 Area Code & Daytime Telephone Number				
F E C 2	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Fallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314				
F	Enclosed is a check for the following amount:					
6	\$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.

L. Na	lame of the limited liability company: The 794	n Elemi	ENT L	<u>LC</u>
2. (a)	8000 SW 17th St.	(b) Eab	9W17	th St.
, ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		**	ited liability company: OST OFFICE BOX)
	Migmi, FL 33199	Miar	ni, Fl	33195
	09/24/2020	120	000301	(68)
3.	Date of filing/registration in Florida 4.	D	ocument numbe	er
5. (a)	, UNITED SAFES COVOLIVATION I	1900/15	INC.	
(,	Registered Agent and Registered Office shown on the records of the Flor	ida Dept. of State:		
	- 6679 S. Semoran BLVII	,		
	Registered Office Address (MUST BE FLORIDA STREET ADDRE	<u>(SS)</u>		
	36			
	arlando FL 3	2822		
(b)				
	Enter name of NEW Registered Agent and/or NEW Registered Office	<u>address</u>		
	8000 Sw 17th Street			2021 (1257)
	NEW Registered Office Address:			
				三 語 山下
	11	21//		
	MICIPII .FL 3	3195		
the cha agent v was/we the arti	limited liability company is not organized under the laws of the laws of the result of the company is not organized under the laws of the result be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the limited of organization or the operating agreement of the limited of	gistered office a company, it is h imited liability of d liability comp	and the business hereby confirme company or as o any.	office of the registered d that the change(s) otherwise provided in
- The	May Bak	//7	fann	12011
Siggist T. L	Mure of a member or authorized representative of a member		rinted or x yed nan	
provisi the obli to merc	eby accept the appointment as registered agent and agree to a sions of all statutes relative to the proper and complete perfor digations of my position as registered agent as provided for it rely reflect a change in the registered office address, I hereby yed in writing of this change.	rmance of my du	ties and Lam Ta	amiliar with and accent -
Signatu	Mrc of Registered Agent			