L20000312289

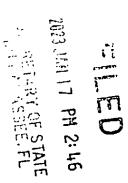
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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01/17/23--01027--018 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Stow-Away Enterprises, LLC						
5000	· 	Name of Limited Liability Company					
Dear S	ir or Madam:						
The er	nclosed Registered Agent/Registered Off	ce Change and fee	e(s) are submitted for filing.				
Please	return all correspondence concerning th	s matter to the fol	lowing:				
Sydn	ey Grice						
	Name of Person						
Ande	erson Business Advisors						
	Firm/Company						
3225	McLeod Drive, #100						
	Address						
Las \	/egas, NV 89121						
	City/State and Zip Code						
ra@a	andersonadvisors.com						
ŀ	-mail address: (to be used for future ann	ual report notifica	tion)				
For fu	rther information concerning this matter,	please call:					
		800 at (7064741				
	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	Regis Divisi P.O. I	LING ADDRESS: tration Section on of Corporations 30x 6327 nassee, Florida 32314				
	Enclosed is a check for the following amount:						
	☑ \$25 Filing Fee	□ \$55 I	☐ \$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. N	ame of the limited liability company: Sto -Away E	Enterpris	es, LLC			
2. (a)	3225 McLeod Dr, Suite 100	(b	(b) 3225 McLeod Dr, Suite 100			
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Aailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Las Vegas, NV 89121		Las Vegas, NV 89121			
	10/2/2020	_	 L2000031	2289		
3.	Date of filing/registration in Florida			Document number		
5. (a)	, RODERICK, JAMES S					
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 150 SE 116th Ter			:		
(b)	Williston , Ft	32696		:: 23		
	Anderson Registered Agents, Inc.			F 73		
	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
	625 E. Twiggs Street, Suite 110			7 PR		
	NEW Registered Office Address:			2023 JAN 17 PM 2: 46		
	TampaFI	33602	·. <u></u>			
the ch agent was/w the ari	limited liability company is not organized under the large or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the new Grice	f the regis lability co of the lim limited l	tered office mpany, it is ited liability	and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany.		
Sign	ature of a member or authorized representative of a member			Printed or typed name of signee		
provis the ob to mer notifie A.T:Ma Preside	Day 1011 10 10 11 10 11 11 11 11 11 11 11 1	ree to act performed for in C hereby co	in this capa ince of my a chapter 605, onfirm that t	icity. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been		
Signati	ure of Registered Agent					