## h20 000330744

| (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: |  |  |  |  |  |  |  |
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Office Use Only



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2022 AUG - 1 AH 8: 2



## **COVER LETTER**

| TO:  | Registration Section Division of Corporations |                    |               | •   |               |          |                                       |
|--|---|--------------------|---------------|---|---------------|----------|---------------------------------------|
| SUBJ   | ECT: AETHEREAL L.L.C.                         | Name of Limit      | ed I is       | bility Company  |               | _        |                                       |
| D  |   | Ivame of Limit     | ICU 1.10      | tomicy Company  |               |          |                                       |
| Dear :   | Sir or Madam:                                 |                    |               |   |               |          |                                       |
| The e  | nclosed Registered Agent/Registered           | Office Change      | and f         | ee(s) are submitted for filing.   | -             |          |                                       |
| Please   | e return all correspondence concernin         | g this matter to   | the fo        | ollowing:   |               |          |                                       |
| Melis  | sa Jones                                      |                    |               |   |               |          |                                       |
|  | Name of Person                                |                    |               | <del>_</del>  |               |          |                                       |
| ZenBı  | isiness Inc.                                  |                    |               |   |               |          |                                       |
|  | Firm/Company                                  |                    |               | _   |               |          |                                       |
|  | i nin conpany                                 |                    |               |   |               |          |                                       |
| 336 E  | . College Ave. Suite 301                      |                    |               |   |               |          |                                       |
|  | Address                                       |                    |               | <del></del>   |               | 2022     |                                       |
| Tallah   | assee, FL 32301                               |                    |               |   |               | 2022 AUG | - * <del>-</del> 7                    |
|  | City/State and Zip Co                         | de                 |               | _   |               | 1        | 1, <u>_</u> .2<br>- <del>2</del><br>- |
| <b>~</b> @~  | •   |                    |               |   | ر.<br>ر.<br>ا | A        | )                                     |
|  | enbusiness com                                | <del></del>        | A 1 800       |   |               | AH 8:    |                                       |
|  | E-mail address: (to be used for future        | annual report i    | notine        | ation)  |               | 27       |                                       |
| For fo   | orther information concerning this ma         | itter, please call | 1:            |   |               |          |                                       |
| Mel  | issa Jones                                    | 844<br>at (        |               | 493-6249  | ,             | _        |                                       |
|  | Name of Person                                |                    |               | Area Code & Daytime Tele  | phone Numl    | er       |                                       |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee. FL 32314 |   |                    |               | Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street. S Tallahassee, FL 32303 | :e            |          |                                       |
|  | Enclosed is a check for the follow            | •                  | <b>™</b> •••• | Filipa Foo & Contifed Com   |               |          |                                       |
|  | □ \$25 Filing Fee                             | •                  | <b>- 3</b> 23 | Filing Fee & Certified Copy   | y             |          |                                       |

## 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. <b>N</b> a              | ame of the limited liability company: AETHERE   | EAL  | L.L.C.  |   |                      |                         |
|----------------------------|---|--|---|---|----------------------|-------------------------|
| 2. (a)                     | 2759 L B MCLEOD ROAD  | 1  | ROAD  |   |                      |                         |
| ( <del>-</del> )           | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)   | Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) |   |   |                      |                         |
|                            | Α   |  | <u>A</u>  |   |                      |                         |
|                            | ORLANDO, FL 32805   | _  | ORLA  | NDO, FL 3   | 2805                 | 5                       |
|                            | 10/19/2020  |  | L2000   | 0330744   |                      |                         |
| 3.                         | Date of filing/registration in Florida  | 4.   |   | Document number   |                      |                         |
| 5. (a)                     | Registered Agents Inc.  |  |   |   |                      |                         |
|                            | Registered Agent and Registered Office shown on the records of the 7901 4th St N  | he Flori   | ia Dept. of Stat                                  | _<br>e:   |                      |                         |
|                            | Registered Office Address (MUST BE FLORIDA STREET A   | DDRES  | <u>:27</u>  | _   |                      |                         |
|                            | St. Petersburg , FL   | 33702  |   | <u></u>   |                      |                         |
| (b)                        | ZenBusiness Inc   |  |   |   | 2022 AUG             |                         |
| ` '                        | Enter name of NEW Registered Agent and/or NEW Registered  | Office a   | ddress:   | <del>.</del> .  | 3U∱                  |                         |
|                            | 336 E. College Ave.   | <u>.</u>   |   | :<br>::<br>:::::::::::::::::::::::::::::::::                      | -<br>A               |                         |
|                            | NEW Registered Office Address:  |  |   | Ţ.,   | AH 8:                |                         |
|                            | Suite 301   |  |   | <del>-</del>  | : 27                 | _                       |
|                            | Tallahassee , FL  | 32301  |   | _   |                      |                         |
| change<br>agent v<br>was/w | imited liability company is not organized under the law<br>or changes are made, the Florida street address of the<br>will be identical. Or, in the case of a Florida limited lial<br>ere authorized by an affirmative vote of the members of<br>icles of organization or the operating agreement of the l | register<br>bility c<br>f the lu   | red office and<br>ompany, it is<br>mited liabilit | d the business offic<br>s hereby confirmed<br>y company or as off | e of the<br>that the | registered<br>change(s) |
|                            | Molíta Lee  | <u>M</u>   | olita Lee   |   |                      |                         |
| Signa                      | ture of a member or authorized representative of a member   |  |   | Printed or typed name   | of signe             | e                       |

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Signature of Registered Agent