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COVER LETTER

TO: Registration Section Division of Corporations	\$f.* ¹	نڭ د	• * ~
STEPHEN PROULX, LLC SUBJECT:			
	f Limited Lia	ability Compan	ny
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office C	Change and t	. i cc(s) are subm	itted for filing.
Please return all correspondence concerning this ma	atter to the fo	ollowing:	
Stephen Proulx			
Name of Person			
		l I	
Firm/Company	 	- 1	
6086 Live Oak Court, Apt. B			
Address		_	
Tamarac, FL 33319		•	
City/State and Zip Code		_	
stephen.proulx@icloud.com		1	
E-mail address: (to be used for future annual re	eport notific	ation)	
For further information concerning this matter, please	se call:		
Stephen Proulx	954 L(826-1320	
Name of Person	. (Area Code &	Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		The Centre of	Section Corporations of Tallahassee nroe Street, Suite 810
Enclosed is a check for the following amo	unt:		
■ \$25 Filing Fee	□ \$ 55	Filing Fee & O	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	ame of the limited liability company:	PROULX. LI				
(a)	Principal office address of limited liability compan		(b)	Mailing address	of limited liability	COmpany:
	(Note: MUST BE STREET ADDRESS)	<i>y</i> .		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) e Oak Court, Apt. B		
	6086 Live Oak Court, Apt. B	i	6086 Live			
	Tamarac, FL 33319	i	Tamarac, I	FL 33319		
	November 4, 2020	i	1.200003496	612		
	Date of filing/registration in Florida	4.	 	Document no	umber	
(a)	Stephen J Schranz					
(a)	Registered Agent and Registered Office shown on the reco	rds of the Flor	ida Dept. of Stat	_ e:		
	5000 North Ocean Boulevard	1				
	Registered Office Address (MUST BE FLORIDA STR	EET ADDRE	<u>(S.S.)</u>	_	2021	
	5000 North Ocean Boulevard				3.60	
	Lauderdale by the Sea	FL 33308		-	020 ROY 020	- 4121 72 1
		_,		_	PH V OF	m
(b)	Stephen Proulx	 :		_	Es w	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Regi</u>	stered Office'	address;		는 E - E - E - E - E - E - E - E - E - E	
	6086 Live Oak Court, Apt. B					
	NEW Registered Office Address:			_		
	6086 Live Oak Court, Apt. B	_		_		
	Tamarac	Et 33319				
		_, FL		-		
ange ent w is/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limit are authorized by an affirmative vote of the membeles of organization or the operating agreement of the operating agreement or the operations.	of the registe ed liability of pers of the li f the limited	red office and company, it is mited liability	d the business s hereby confi y company or	s office of the re irmed that the cl	gistered hange(s)
Signati	ure of a member or authorized representative of a member		 	Printed or type	d name of signee	
ovisio 2 obli mere	by accept the appointment as registered agent and component of all statutes relative to the proper and compigations of my position as registered agent as profix reflect a change in the registered office address in writing of this change.	d agree to a plete perfort wided for in ss. I hereby	ct in this capa nance of my a Chapter 605 confirm that t	ncity. I furthe luties, and I a , F.S. Or, if to he limited lia	r agree to comp in familiar with his document is bility company	oly with the and accep being filed has been