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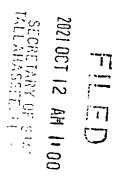
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
136/3111				
10/30/31/AH				
<u> </u>				

Office Use Only



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10/12/21--01022--003 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations			
SUBJE	Bowser Project Management, LLC			
	Name of Limited Liability Company			
Dear Si	r or Madam:			
The end	closed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.	
Please 1	return all correspondence concerning	this matter to the	following:	
Wesley	Bowser			
	Name of Person		_	
Bowser	Project Management, LLC			
	Firm/Company	-		
18902 E	Beautyberry Ct			
	Address			
Lutz, FI	. 33558			
	City/State and Zip Code	:		
wes@bo	owserprojectmanagement.com			
E-	mail address: (to be used for future a	nnual report notif	ication)	
For furt	her information concerning this matt	er, please call:		
Wesley	Bowser	321 at (662-4370	
	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 followi	ng amount:		
	■ \$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.

1. Na	me of the limited liability company: Bowser Project	Management LLC
2. (a)	Wesley Bowser, Managing Partner	(b) Wesley Bowser, Managing Partner
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) 18902 Beautyberry Ct	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 18902 Beautyberry Ct
	Lutz, FL 33558	Lutz, FL 33558
	11 09/2020	1.20000354859
3.	Date of filing/registration in Florida	4. Document number
5 (0)	Cheyenne Moseley, US Corp. Agents	
5. (a)	Registered Agent and Registered Office shown on the records of UNITED STATES CORPORATION AGENTS, INC.	of the Florida Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET	T ADDRESS)
	5575 S. SEMORAN BLVD. SUITE 36	Få
(b) .	Orlando, F	FL 32822
	Bowser Project Management LLC	ed Office address:
	Finter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	ed Office address:
	Wesley Bowser, Managing Partner	
	NEW Registered Office Address:	
	18902 Beautyberry Ct	<u> </u>
	Lotz	33558
change agent y was/we the arti	or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited level authorized by an affirmative vote of the members cless of organization or the operating agreement of the tute of amember or authorized representative of a member.	Cynthia Bowser, Managing Partner Printed or typed name of signee gree to act in this capacity. I further agree to comply with the
provisi the obl to mere notified	ons of all statules relative to the proper and completic tions of my position as registered agent as provided vertect a change in the registered office address, if it is provided to this change. The of Registered Agent	te performance of my duties, and I am familiar with and accept led for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been