K20000383600

(Requestor's Name)								
(Nequestor's Name)								
(Address)								
(Hadioay)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								

Office Use Only



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01/24/22--01027--005 ++25.00

2022 JAN 24 AM 7: 52 SECREMENT OF STATE

O SIMMONS

COVER LETTER

_	sistration Section ision of Corporations						
SUBJECT:	Winterless Enterprises, LLC						
SOBJECT.	Name of Limited Liability Company						
Dear Sir or .	Madam:						
The enclose	d Registered Agent/Registered C	Office Change a	nd fee(s) are submitted for filing.				
Please return	n all correspondence concerning	this matter to th	ne following:				
Jeff Bass							
	Name of Person	<u></u>					
Winterless E	nterprises, LLC						
	Firm/Company						
12170 88th 2	Nve						
,	Address						
Seminole, FI	_ 33772						
	City/State and Zip Code	:					
bass	ieff71@gmail.c	om					
E-mai	.jeff71@gmail.a laddress: (to be used for future?	innual report no	tification)				
For further i	information concerning this matt	er, please call:					
Jeff Bass		309 at (241-1391				
-	Name of Person	ar (Area Code & Daytime Telephone Number				
Reg Div P.C	diling Address: gistration Section vision of Corporations D. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Enc	closed is a check for the followi	ng amount:					
\$	\$25 Filing Fee	٥	\$55 Filing Fee & Certified Copy				
INHS18 (2/1	4)						

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	ame of the limited liability company: Winterless Ente	rprises,	LLC	<u></u>	·
2. (a)			(b)		<u> </u>
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,_	Mailing address of	of limited hability company: BE POST OFFICE BOX)
	12170 88th Ave.		12	2170 88th Ave.	
	Seminole FL 33772		Se	eminole, FL 33772	
	01/08/2021		L2(000383600	
3.	Date of filing/registration in Florida	4.		Document nu	imber
5. (a)					
	Registered Agent and Registered Office shown on the records	of the Flo	rida De	pt. of State:	
	Registered Agents Inc.				
	Registered Office Address (MUST BE FLORIDA STREE	T ADDR	<u>ESS)</u>		~2
	7901 4th St. N Ste 300				1022 SE(
	St. Petersburg	3370	2		2022 JAN 24 SECREMENT
	,,	·	,		2
(b)					
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Offic	addres	<u>ss</u> :	MI 7: 5
	Jeff Bass				5
					∵ 2
	NEW Registered Office Address:				
	12170 88th Ave.				
	Seminole	FL 3377	2		
change agent vwas/we the arti	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the ture of a member authorized representative of a member by accept the appointment as registered agent and a ligations of my position as registered agent as providely reflect a change in the registered office address, d'in writing of this change.	ne regis liability s of the ne limite - gree to le nerfo	tered of comp limited ed liabilitark F.	office and the business any, it is hereby confid hability company or ility company. Rossi Printed or types this capacity. I further of my duties and La	office of the registered rmed that the change(s) as otherwise provided in d name of signee or agree to comply with the ten familiar with and accent