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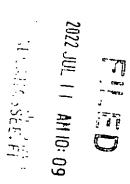
(Re	equestor's Name)					
(Ac	ddress)	<u> </u>				
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PICK-UP	☐ WAIT	MAIL				
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COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: 5TOCODE LLC					
	Name of Limited	Liability Company			
Dear Sir or Madam:					
The enclosed Registered Agent/Registered	d Office Change an	d fee(s) are submitted for filing.			
Please return all correspondence concerni	ng this matter to the	e following:			
Melissa Jones					
Name of Person				2	
ZenBusiness Inc.			<u>. </u>	2022 JUL 11	eiri
Firm/Company			TELEMENT SEEDE		
• ,			700	-	; 1
336 E. College Ave. Suite 301			<u> </u>	I AM 10: 09	
Address			77.3	90 :	
Tallahassee, FL 32301					
City/State and Zip Co	ode				
ra@zenbusiness com					
E-mail address: (to be used for futur	e annual report not	fication)			
For further information concerning this m	atter, please call:				
Melissa Jones	844 at (493-6249			
Name of Person	<u> </u>	Area Code & Daytime Teleph	one Num	ber	
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. Su Tallahassee, FL 32303	ite 810		
Enclosed is a check for the follo	wing 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: 5TOCODE	E LI	LC	•				
2. (a)	13123 E EMERALD COAST PKWY		(h)	13123 E	EMERA	LD CO	AST I	PKWY
2. (2 ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-	(0)		Mailing address (Note: MAY	of limited	liability	соправу:
		STE B-271			STE B	3-271			
		INLET BEACH, FL 32461	_ _		INLET	BEAC	H, FL	. 324	161
		12/09/2020		_	_20000	38516	6		
3.		Date of filing/registration in Florida	4.	_	!	Document n	umber		
5. (a)	Registered Agents Inc.							
(,	Registered Agent and Registered Office shown on the records of the	e Flor	ida l	Dept. of State	:			
		7901 4th St N					- -	2022	
		Registered Office Address (MUST BE FLORIDA STREET AL	DDRI	:22		•	<u></u>	2022 JUL	الألب
		STE 300					<u> </u>	<u>.</u>	
		St. Petersburg FL 3	3702	?		•	intlatiásší.t.	Þ	i Ti
(1	o)	ZenBusiness Inc					71	AH 10: 09	
	•	Enter name of NEW Registered Agent and/or NEW Registered C	ffice	add	ress:	•		_	
		336 E. College Ave.							
		NEW Registered Office Address:				•			
		Suite 301							
		Tallahassee , FL	2301						
chan ager was/ the a	ige it w we irti	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the listichael Anthony Roberts JR	egist ility the l mite	erec con imi d lia	l office and apany, it is led liability ability comp	the business hereby conf company or	s office of inned the r as other	of the nat the criminal of the	egistered hange(s)
		ure of a member or authorized representative of a member	-	/110		Printed or type			
I he prov	rel visio obli ere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete point of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change.	e to a erfor for it reby	nct i mai n Ci coi	n thic cana	cin Inah	ar acrea	to com	ply with the h and accept s being filed has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent