## 120000386968

(Requestor's Name)							
(Address)							
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(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Basilious Elikiy Hallis)							
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## COVER LETTER

то:	Registration Section Division of Corporations						
SUBJE		T:					
STORPE.							
Dear Si	r or Madam:						
The end	closed Registered Agent/Registered Off	ice Change and I	ee(s) are submitted for filing.				
Please i	return all correspondence concerning th	is matter to the f	ollowing:				
LOVET	TE DOBSON						
	Name of Person		<del></del>				
INCFIL	E.COM LEC						
	Firm/Company		_				
17350 S	STATE HWY 249 #220						
	Address		*****				
HOUST	ONTEXAS 77064						
	City/State and Zip Code		_				
	234@4NCFILE.COM						
E	-mail address: (to be used for future am	nual report notifi	cation)				
For fur	ther information concerning this matter.	please call:					
LOVEI	TE DOBSON	888 at (	462-3453				
	Name of Person	(11 \	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 following	gamount:					
	■ \$25 Filing Fee	<b>ū \$</b> 3	5 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.

l. (a)			(b)	
., ,,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1100 NW 13TH ST APT 288D		1100 83	W 13TH ST APF 288D
	BOCA RATON, FL 33486 12/10/2020		BOCA RATON, FL 33486 L20000386968	
	Date of filing/registration in Florida	- - <b>1</b> .		Document number
. (a)	Registered Agent and Registered Office shown on the records of			
		the Flor	ida Dept of S	State:
	LEGALING CORPORATE SERVICES INC.			
	Registered Office Address (MUST BE FLORIDA STREET)	r-2		
	5237 SUMMERIAN COMMONS SUITE 400			
	FORT MYERS	3390		
		′		
(b)				
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	
				<u> </u>
	BOGDAN PETROVIC			
	NEW Registered Office Address:		-	
	1100 NW 13TH STREET APT 288D			<u> </u>
	BOCA RATON FI	.33486		
hange gent v cas/w he art	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited likere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the Pttuice	ws of t regist ability of the l limite	he State of ered office company, imited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in company.
Sighh	dure of a member or authorized representative of a member			Printed or typed name of signee
provis. he obi	hy accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, L	perfor d for i	mance of n a Chapter (	ny duties, and Lam familiar with and accep 505, F.S. Or, if this document is being filed

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