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2023 APR 10 AH 10: 05

COVER LETTER

Division of Corporations	
SUBJECT: Carretta I	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ige and fee(s) are submitted for filing
Please return all correspondence concerning this matter	
r lease return an correspondence concerning this matter	to the following:
5050ph Correlton	<u> </u>
Name of Person	023 A
Carredta TT, Ll Firm/Company	PR 10 A
MIA Russell Dr	TALLAHASSAT, FI
Highland Beach eity/State and Zip Code	FL 33487
E-mail address: (to be used for future annual repo	cs。こっト rt notification)
For further information concerning this matter, please of	all:
Name of Person at (201) 803-7467 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 amount	:
\$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
INHST8 (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	ame of the limited liability company:	LLC
		,
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Aailing address of limited liability company: (Note: MAX BE POST OFFICE BOX)
	IIIA Russell Drive	Same
	Highland Beach, FL 33487	
	December 17, 2020 L2	PEP 0 PE 0 000
3.	December 17, 2020 L 2 Date of filing/registration in Florida 4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State	:
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2023 APR 10
	Tallahassee FL 32301	28
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	RILED 23 APR 10 AM 10: 05
	NEW Registered Office Address:	
	Highland Bead, FL 33487	
change agent v was/we	imited liability company is not organized under the laws of the State of Flo or changes are made, the Florida street address of the registered office and vill be identical. Or, in the case of a Florida limited liability company, it is are authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
2)	magnificannotta (Josef	oh Carretta
Signa	Joseph carretta Lipe of a member or authorized representative of a member	Printed or typed name of signee
I herei provisi the obl to mere	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address, I hereby confirm that the in writing of this change.	uties, and I am familiar with and accept F.S. Or, if this document is being filed

Signature of Registered Agent