## 121000000548

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

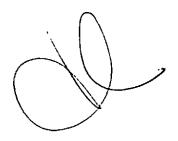
Office Use Only



200390754432

07/11/22 -01014--019 \*\*25.00

2022 JUL 11 AH 9: 36



## **COVER LETTER**

TO: Registration Section

INHS18 (2/14)

Divi	ision of Corporations								
SUBJECT:	3915 SW 25TH CT, CAF	PE CORAL, FL 3	3914 LLC						
Name of Limited Liability Company									
Dear Sir or I	Madan:								
The enclosed	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.						
Please return	all correspondence concernin	ng this matter to the	following:						
Melissa Jo	nes								
	Name of Person		<del></del>						
ZenBusiness	Inc.				20				
	Firm/Company		·	: :	الا 22	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -			
336 E. Colleg	ge Ave. Suite 301			or other or Leannaste, fl	2022 JUL I I AM 9:36	-1-m -1 - 34 1			
-	Address		<del></del>	0, T	AH	ال و			
Tallahassee,	FL 32301				9: 36				
	City/State and Zip Co	de	_						
ra@zenbusin	ess com								
E-mail	address: (to be used for future	annual report notif	fication)						
For further i	nformation concerning this ma	itter, please call:							
Melissa .	Jones	844 at (	493-6249						
	Name of Person	a (	Area Code & Daytime Telephon	e Numbe	- er				
	iling Address:		Street Address:						
-	istration Section		Registration Section						
	ision of Corporations		Division of Corporations						
	. Box 6327	The Centre of Tallahassee							
Tall	ahassee. FL 32314		2415 N. Monroe Street. Suite Tallahassee. FL 32303	810					
Enc	losed is a check for the follow	ving amount:							
<b>□</b> \$	25 Filing Fee	□ s	55 Filing Fee & Certified Copy						

## 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. N	Name of the limited liability company: 3915 SW	25TH	СТ	, CAPE (	CORAL, FL 33914 LLC
2. (a)	3015 SOUTHWEST SETH COUR	T	(b)	16 MAN	IOR COURT
Z. (a	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company.  (Note: MAY BE POST OFFICE BOX)		
	CAPE CORAL, FL 33914		<u>N</u>	/ANALAF	PAN TOWNSHIP, NJ 07726
			_		
	12/21/2020		L	210000	00548
3.	Date of filing/registration in Florida	4.		Do	current number
5. (a	Registered Agents Inc.				
٥, رد	Registered Agent and Registered Office shown on the records o	f the Flor	ida De	pt. of State:	
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREET	ADDRE	(22)		. 2
	STE 300				022 .
	St. Petersburg , F	L 33702			FILED 2022 JULII AM 9: 3
<b>(</b> b)	ZenBusiness Inc				SSE # M
	Enter name of NEW Registered Agent and/or NEW Registere	d Office	addre	<u>zz:</u>	9:36
	336 E. College Ave.				36
	NEW Registered Office Address:				
	Suite 301				
	Tallahassee, F	L			
chang agent was/v	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the	e registe iability of the li	ered of comp imited	office and the any, it is her d liability co	e business office of the registered reby confirmed that the change(s) mpany or as otherwise provided in
	/Krzysztof Wiater			sztof Wia	-
-	nature of a member or authorized representative of a member			Pri	ated or typed name of signee
I her provi the or to me notifi	eby accept the appointment as registered agent and ag sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide trely reflect a change in the registered office address, I edlin writing of this change.	ree to a perfori d for it hereby	ct in manc Cha confi	this capacity e of my dutie pter 605, F.: rm that the i	v. I further agree to comply with the ess, and I am familiar with and accept S. Or, if this document is being filed imited liability company has been

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

Signature of Registered Agent