## 121000000621

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(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phor	e #)
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(Business Entity Na	me)
(Document Number	)
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## COVER LETTER

TO: Registration Section Division of Corporations		
Streit Virtual Assistant, L	1.C	
SUBJECT:	Name of Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Regi	stered Office Change and fee(s) are submitted for filing.	
Please return all correspondence con		
Haley Streitmatter		
Name of Pe	rson	
Streit Virtual Assistant, LLC		N
Firm/Comp	any	22 OCT 1:
11323 79th Avenue		<u> </u>
Address	·	A:
Seminole, FL 33772		÷ 5: t3
City/State and 2	Zip Code	င်
haley@streitvirtualassistant.com		
E-mail address: (to be used for	future annual report notification)	
For further information concerning t	his matter, please call:	
Haley Strenmatter	248 924-4051	
Name of Person	at ( ) 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	
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.

. Na	me of the limited liability c	ompany: Streit Virtual As	sistant, LLC				
. (a)	Haley Streitmatter		(b)	Haley Streitmatter			
. ()	-	f limited liability company: STREET ADDRESS)	(0)	Mailing address	of limited liability company: BE POST OFFICE BOX)		
	11323 79th Avenue			11323 79th Avenue			
	Seminole, FL 33772			Seminole, FL 33772			
	12/21/2020		I.	.21000000621			
. (a)	Date of filing/regis	tration in Florida	4.	Document nu	umber		
(4)	Registered Agent and Registered Haley Streitmatter	Office shown on the records of	the Florida I	Dept. of State:			
	Registered Office Address (2) 13813 Feather Sound Cir E 2		<u>ADDRESS)</u>	<del></del>	22		
	Clearwater	F	L <u>33762</u>		22 0CT 11		
(b)	Haley Streitmatter				ದೆಗಳ		
(0)	Enter name of NEW Registered	Agent and/or NEW Registere	d Office add:	<u>"1988</u> ":	2000 (2000) 1000 (2000)		
	Haley Streitmatter				5: <b>43</b>		
	NEW Registered Office Addres	i.	-	. <del>-</del>			
	11323 79th Avenue	r -   — - ·					
	Seminole	F	33772	_			
nange gent we ras/we ne arti- Signat	mited liability company is refer changes are made, the Fivill be identical. Or, in the case authorized by an affirmatics of organization or the output a member or authorized regions of all statutes relative to igations of my position as refer reflect a change in the refer to the reflect a change in the reference of the reflect a change in the reflect of the reflect as the reflect of the ref	ot organized under the la orida street address of the ase of a Florida limited li ive vote of the members perating agreement of the resentative of a member	ws of the Se registered ability comof the limited lia	office and the business apany, it is hereby conficed liability company or hility company.  Streitmatter  Printed or type or this companie. I further	s office of the registered rmed that the change(s) as otherwise provided in d name of signee		
s mere otifieo Hall	th reflect a change in the re tin writing of this change. We that the	gistered office address, I	hereby con	firm that the limited lia	bility company has been		

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