## 121000005773

(Requestor's Name)					
(Äddress)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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2021 SEP 22 PH 12: 51

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## COVER LETTER

TO: Registration Section Division of Corporations	
NotaFirst LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Rachelle Poinson	
Name of Person	*****
NotaFirst	
Firm/Company	<del> </del>
10512 Lakeside Vista Dr.	
Address	
Riverview, Fl. 33569	
City/State and Zip Code	<del></del>
notapoinson@gmail.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please c	all:
Rachelle Poinson 30 at (	05 8346283
Name of Person	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 company: No	taFirst LLC			
(a)	10512 Lakeside Vista Dr. Riverview, FL 333	569	(b)		
(**)	Principal office address of limited liabilit (Note: MUST BE STREET ADDI			Mailing address of limite (Note: MAY BE PQS	
	09/17/2021			000005773	
	Date of filing/registration in Flo	orida	4.	Document number	
(a)	Registered Agent Inc				
, (u)	Registered Agent and Registered Office shown o	. of State:			
	7901 4th st n ste 300				
	Registered Office Address (MUST BE FLOR	RIDA STREET A	DDRESS)		
					2:
	St. Petersburg	· ·	33702		021:
		, FL			- Kg - :
(b)	Rachelle Poinson				22 -
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>N</u>	EW Registered	Office address	<del></del> :	
	10512 Lakeside Vista Dr.				2021 SEP <b>22</b> PH 12: 5
	NEW Registered Office Address:				
	Riverview		33569	<del></del>	
	Riverview	, FL	33309	<del></del>	
hange gent v vas/we ne arti	imited liability company is not organized or changes are made, the Florida street a will be identical. Or, in the case of a Florida ere authorized by an affirmative vote of the cles of organization or the operating agreement of a member or authorized representative of a by accept the appointment as registered of the organization of all statutes relative to the propertion of all statutes relative to the propertion of the properties of the pr	address of the rida limited lia he members o eement of the lamember	registered of bility compa f the limited limit	fice and the business office ny, it is hereby confirmed to liability company or as other ity company.  A Chelle Po(1) S  Printed or typed name of the capacity. I further agree	of the registered hat the change(s) erwise provided in of signee
още	ely reflect a change in the registered office of the writing of this change.	ce address, I h	ereby confiri	m that the limited liability o	company has been