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	ב ביי היא איז איז איז איז איז איז איז איז איז א
(Requestor's Name)	
(Address)	
(Address)	100420717781
(City/State/Zip/Phone #)	
	12/27/2301019007 ++25.00
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Office Use Only	FILED 2023 DEC 27 PH 4: 35 SECUTION OF SIME MULTAHASSEE, FL
	ILED 27 PH 4: 35 WASSEE FL
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: SUPLI LLC

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Valentina Lugo

Name of Person

Firm/Company

1007 N Orange St. 4th Floor Suite #1050

Address

Wilmington, Delaware 19801

City/State and Zip Code

agent@firstbase.io

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Valentina Lugo	at (929) 3050668
Name of Person	Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
Enclosed is a check for the following a	amount:
S25 Filing Fee	S55 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. Na	ame of the limited liability company: SUPLI LLC					
2. (a)	7901 4th St N STE 300		(b) 7901 4th St N STE 300			
()	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		. ,	Mailing address of limited li (<u>Note:MAY BE_POST_C</u>		
	Petersburg, FL 33702		Petersb	urg, FL 33702		
	12/29/2020		L210000	07840		
3.	Date of filing/registration in Florida	4.		Document number		
5 (a)	Registered Agents Inc					
5. (a)	Registered Agent and Registered Office shown on the records of	the Flori	da Dept. of Sta	te:		
	7901 4th St N STE 300			_	~ ~2	
	Registered Office Address (MUST BE FLORIDA STREET.)	ADDRE:	<u>\$\$}</u>		023 DI	.
	St. Petersburg, FL	3370	2		2023 DEC 27 PH 4: 35 SECKTARY OF STAT	
(b)					27 PH I	
(-)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:		E S F	-
	Firstbase Agent LLC				14 35 E	
	NEW Registered Office Address:					
	111 NE 1st St, 8th Floor Suite #88592					
	Miami , FL	3313	2			
the cha agent v was/wo the arts	imited liability company is not organized under the lay inge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited has ere authorized by an affirmative vote of the members of icles of organization on the pperating agreement of the	the reg ability of the li limited	gistered offic company, it mited liabili	e and the business offic is hereby confirmed tha ty company or as othery mpany.	te of the registered t the change(s)	
Signa	nire of a member of authorized representative of a member			Printed or typed name of s	ignee	
provisi the obl to mer	by 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, I d in writing of this change.	northe	nancentan	duties and Lam family	ar with and accept	
Signatu	re of Registered Agent					

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

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