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(Requestor's Name)						
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(Business Entity Name)						
(Document Number)						
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COVER LETTER

Division of Corporations	
SUBJECT: Project	Name of Limited Liability Company
	Name of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Reg	gistered Office Change and fee(s) are submitted for filing.
Please return all correspondence co	oncerning this matter to the following:
Vristen Name of P	
Project &	pany pany
<u>6822 22nd</u> Address	Ave N #329
St. Retersburg City/State and	FL 33710 Zip Code
E-mail address: (to be used for	or future annual report notification)
For further information concerning	this matter, please call:
Kristen Lanze Name of Person	at (127) 804-6338 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 th	ne 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.

1. N	ame of the limited liability company: Project	K1, L	<u> </u>		
	OB22 22nd Ave N Principal office address of limited liability company:		(b) UB22 22vd Ave N Mailing address of limited liability company:		
	(Note: MUST BE STREET ADDRESS)		(Note: MAY BE POS		
	#329	#3	19		
	St. Petersburg, FL 33710	<u>st. î</u>	Petersburg	9,FL 3371	
	01/07/21	<u> L2</u> 1	10000203	08	
3.	Date of filing/registration in Florida 4	1.	Document number		
5. (a	Lanza, Kristen	<u></u>			
	Registered Agent and Registered Office shown on the records of the F	Florida Dept, of Sta	de:		
	118 66th Street N	AD ECC)	_		
	Registered Office Address (MUST BE FLORIDA STREET ADD	<u>KESS)</u>	<u>:-:</u>	2021	
			ATABASSÉ LELORID.	٠: · · ·	
	st. Returburg FL.	33710	- \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-10	
/L)	<u>.</u>		7-77 * } . * * .	P	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Offi	ice address:		PH :	
	_		AIDA	37	
	NEW Registered Office Address:		_		
	#329		_		
			_		
	St. Petersburg .FL 3	33710			
If the	limited liability company is not organized under the laws o	f the State of F	lorida, it is hereby co	onfirmed that after the	
chang	e or changes are made, the Florida street address of the reg will be identical. Or, in the case of a Florida limited liabili	istered office ar	nd the business office	e of the registered	
was/w	vere authorized by anyaffirmative vote of the members of the	e limited liabili	ty company or as oth	nerwise provided in	
me ar	ticles of organization or the operating agreement of the limi	Kashe	_		
Sign	ature of a member or authorized representative of a member	PH IOIC	Printed or typed name	of signee	
provis the ob- to me	eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfoligations of my position as registered agent as provided for rely reflect a charge in the registered office address. I here ed in priting of this change.	formance of my	duties, and I am fan	niliar with and accept	
Signat	ur of Rogistered Agent				