LZ1 0000 26204

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

Office Use Only



400379604124

01/18/22--01018--018 9+25.00

2022 JAN 18 PM 5: 30 SECRETARY OF STATE TALLAHASSEE, FL

PAROCHE

FEB (17 LOZZ

COVER LETTER

	egistration Section ivision of Corporations		·			
SUBJEC [*]	Finish Line Communications Strategies LLC					
502020	Name of Limited Liability Company					
Dear Sir o	or Madam:					
The enclo	sed Registered Agent/Registered O	ffice Change and	fee(s) are submitted for filing.			
Please ret	urn all correspondence concerning t	his matter to the	following:			
Eric Althol	rr					
	Name of Person					
Finish Line	e Communications Strategies LLC					
	Firm/Company					
PO Box 80	2					
	Address					
Fairfield, C	TF 06824					
	City/State and Zip Code					
eric@finisl	hlinecommunications.com					
E-m	ail address: (to be used for future ar	inual report notifi	ication)			
For furthe	r information concerning this matte	r, please call:				
Eric Altho	îf	646 at (4384335			
	Name of Person		Area Code & Daytime Telephone Number			
R D P	lailing Address: egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
E	Enclosed is a check for the following amount:					
■ \$25 Filing Fee		□ \$f	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. Na	ame of the limited liability company: Finish Line Com	munications Strate	egies LLC
2. (a)		4.3	
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	333 Unquowa Road #307	РО В	ox 802
	Fairfield, CT 06824	Fairfi	eld, CT 06824
	January 11, 2021	L21000	0026204
3.	Date of filing/registration in Florida	4.	Document number
5 (0)			
5. (a)	Registered Agent and Registered Office shown on the records of	f the Florida Dept. o	f State:
	Gary Lavado	·	
	Registered Office Address MUST BE FLORIDA STREET	(ADDRESS)	
	8543 Doverbrook Dr	-	022 J Sector
	Palm Beach Gardens , Fl	L ³³⁴¹⁰	SERCAR SERCAR
(b)	David Roer		Se Sylve
(0)	Enter name of NEW Registered Agent and/or NEW Registered	d Office address:	<u> </u>
	Raich Ende Malter & Co LLP		30 FL
	NEW Registered Office Address:		
	2901 W Cypress Creek Road, Suite 120		***
	Fort Lauderdale , Fi	L ³³³⁰⁹	
change agent was/w the art	limited liability company is not organized under the late or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited litere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	e registered office iability company of the limited lia	te and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.
-	nure of a member or pulliprized representative of a member		Printed or typed name of signee
provisi the obi to_mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide elv reflect a change in the registered office address, I Lin writing of this change.	ree to act in this performance of a for in Chaptei hereby confirm	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed that the limited liability company has been
Signati	ire of Registered Agent		