1210000 27774

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

Office Use Only



200371314042

2021 AUG 16 AM 7: 19

COVER LETTER

TO:	Registration Section Division of Corporations				
SUBJI	Infinite Potential, LLC				
Name of Limited Liability Company					
Dear S	Sir or Madam:				
The en	nclosed Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.		
Please	return all correspondence concerning this	matter to the	following:		
Victo	ria Padron				
	Name of Person		_		
ZenB	Business PBC				
	Firm/Company				
5511	Parkcrest Dr Ste 207				
	Address				
Austi	in, TX 78731				
	City/State and Zip Code	•	_		
fulfillr	ment@zenbusiness.com				
F	E-mail address: (to be used for future annu	al report notif	cation)		
For fu	rther information concerning this matter, p	olease call:			
Victo	ria Padron	844 at (493-6249		
	Name of Person		Area Code & Daytime Telephone Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	Reg Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 clahassec, Florida 32314		
Enclosed is a check for the following amount:					
	☑ \$25 Filing Fee	□ \$5	5 Filing Fee & Certified Copy		
INHS1	8 (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	Infinite Poter ame of the limited liability company:	ntial, LLC	U	
	1730 S FEDERALHWY #103	(b)	1730 S FEDERALHWY #103	<u>.</u>
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DELRAY BEACH, FL 33483		Mailing address of limited liability company. (Note: MAY BE POST OFFICE BOX) DELRAY BEACH, FL 33483	
3.	01/28/2021 Date of filing/registration in Florida	 4.	L21000027774 Document number	
3.	UNITED STATESCORPORATIONAGENTS		Document manner	
5. (a)	Registered Agent and Registered Office shown on the records of		a Dent of State:	
	5575 S. SEMORANBLVD. STE.36	i iiz i ioiida L		(3)
	Registered Office Address (MCST BE FLORIDA STREET		•	
				п
	ORLANDO, F.	L32822	2021 AUG 16	
(b)	Registered Agents Inc.		45.5 E	E D
	Enter name of NEW Registered Agent and/or NEW Registere	d Office addr	dress:	_
	7901 4th St N			
	NEW Registered Office Address:			
	STE300			
	St. Petersburg , F	L_33702	2	
the chagent was/w	limited liability company is not organized under the large or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited large authorized by an affirmative vote of the members icles of organization or the operating agreement of the	of the regist liability con of the limit le limited li	stered office and the business office of the registe ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided i liability company.	ered)
/d/	Christine Battaglia ature of a member or authorized representative of a member		hristine Battaglia Printed or typed name of signee	
I here provis the ob to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and completed ligations of my position as registered agent as provided in virting of this change. Let in virting of this change. Let of Registered Agent	gree to act i e performa ed for in Ci I hereby con	t in this capacity. I further agree to comply with	the cept îled n

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