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### **COVER LETTER**

TO: **Registration Section Division of Corporations** 

Fourth IQ Commerce, UC Name of Limited Liability Company SUBJECT: \_\_\_

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:

Thomas Hort Name of Person

FourthIQ Commune, UC Firm/Company

Pablo Professional Cart Suite 155 4230

Address

Jacksonville, FL 32224 City/State and Zip Code

thate 4thig.com E-mail address: (to be used for future annual report notification)

at ( 813

For further information concerning this matter, please call:

Thomas Hart

Name of Person

## **Mailing Address:**

**Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

851-1172 Area Code & Daytime Telephone Number

## 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

## 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 Nat	me of the limited liability company:	) Comme	rce, l	<u>ic</u>	<u> </u>		<b>.</b>
	4230 Poblo Artessional (ourt			Pable Arch	essional	Cart	
2. (a) _	Principal office address of limited liability company:	(0)		Mailing address e	of limited liabi	lity comp	
	( <u>Note: MUST BE STREET ADDRESS</u> )		<u> </u>	( <u>Note: MAY B</u>	<u>RE POST OFI</u>	<u>-TCF. BO</u>	$\Sigma$
	Suite 155			155			
	Jacksonville, FL 32224		Jacks	ionville, PL	32224		<u></u>
	1/21/24		L210	00042199		-	
3.	Date of filing/registration in Florida	4.		Document nu	imber		
5. (a)	Ryan Grobulsky			_			
	Registered Agent and Registered Office shown on the records of	of the Florida I	ept. of Sta	ite:			
	4230 Poblo Professional Court						
	Registered Office Address (MUST BE FLORIDA STREE	<u>TADDRESS)</u>				20;	
	Suite 155					21.1	•
	Jacksonville	TL 3222	1			21 July 12	<sup>و</sup> ر د بر در بر در
(b)	Thumas Hart Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Register</u>	ed Office add	<u>ress</u> :	_	• ;	2 전벽 옷 (	۰۰ او مرد ب
	4230 Pablo Professional Court NEW Registered Office Address:					10	
	Sute 155						
	Jactronville	Fil <u>32224</u>	<del>.</del>				
change agent v	imited liability company is not organized under the or changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	he registered liability com s of the limithe limithe limited lia	npany, it ted liabil ability co	is hereby conf lity company or ompany.	irmed that t as otherwi	he chan se prov	ided in
J	d d		Ros	Printed or type	L.E. G.C.	<u> </u>	
Signa	nure of a member or authorized representative of a member						
provisi the obj	by accept the appointment as registered agent and a ions of all statutes relative to the proper and comple ligations of my position as registered agent as provi ely reflect a change in the registered office address, d'in writing of this change.	të përjorma. dad for in C	hee oj ni kantar 6	of FS Or if	this docume	nt is be	ing filed

Signature of Registered Agent

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

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