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COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT: PATCHISON LLC Name of Limited Liability Company			
Name of Elimed Elability 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:			
Dharti Patel Atchison Name of Person			
Mind Manifesting Counseling Firm/Company			
2370 Williams Drive			
City/State and Zip Code			
Mind Manifesting FL @ 9 mail. Com E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
DWarti Atchison at (713) 423-9870 Name of Person Area Code & Daytime Telephone Number			
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303			
Enclosed is a check for the following amount:			
□ \$25 Filing Fee			
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.	Na	ame of the limited liability company: PATCHISON LLC
2.	(a)	(b)
	()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		2320 Williams Drive 2320 Williams Drive
		
		Largo, FL 33778 Largo, FL 33778
		01/27/2021 LZ1000049404
3.		Date of filing/registration in Florida LZ1000 49404 Document number
5.	(a)	Legal (Orp Solutions, LLC
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		3440 W. Holly wood Blvd, Suite 415
		Hollywood FL 3307/
	(b)	Dharti Patel Atchison 72 3
	. ,	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		2320 Williams Drive
		NEW Registered Office Address:
		<u>largo</u> FL 33778
If t	he li	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
age	nī v	or changes are made, the Florida street address of the registered office and the business office of the registered vill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
		ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in clessoftong and an affirmative vote of the limited liability company.
	4	hurboff a member or authorized representative of a member Shart Printed or typed name of signee
_		
I n pro the	eret visi obl	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept igations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed By reflegt a change in the registered office address, I hereby confirm that the limited liability company has been
101	nere iliec	Figure 1 to the registered office address. I hereby confirm that the limited liability company has been I in writing of this change.
#	护	
Sig	nam	re of Registered Agent