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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

E1	Address:			
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## LLC REGISTERED AGENT CHANGE SHE CAN ADVENTURE, LLC

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## 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: SHE CAN ADVI	ENTURE, LLC		
2. (a)	2740 WINDGUARD CIRCLE  Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b) P.O. BOX 915284  Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Ste 102			
	WESLEY CHAPEL, FL 33544	LONG	WOOD, FL 32791	
	02/02/2021	L21000	058869	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	NATALIE G Oven			
	Registered Agent and Registered Office shown on the records of	the Florida Dept. of S	late:	
	2740 WINDGUARD CIRCLE SUITE 102			
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)		
	WESLEY CHAPEL , FL	33544		
(b)	Registered Agents Inc. Enter name of NEW Registered Agent and/or NEW Registered	Office address	API  2022 HAR -  COURT TO	
	7901 4th St N STE 300		PROVEL AND FILED	
	NEW Registered Office Address:		12:04	
	St. Petersburg , FL	_33702		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- ere authorized by an affirmative vote of the members of cless of organization or the operating agreement of the	registered office a ability company, it of the limited liabil	and the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in	
<u> Rii</u>	us tack	Riley Park		
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agrous of all statutes relative to the proper and complete igations of my position as registered agent as provideely reflect a change in the registered office address, I have in my of this change.	ee to act in this ca, performance of my I for in Chapter 60, iereby confirm tha	pacity. I further agree to comply with the duties, and I am familiar with and accept 15, F.S. Or, if this document is being filed the limited liability company has been	
Signatur	re of Registered Agent			