L21000076521

(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:						





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11/27/23--01014--019 **150.00



COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJ. Dear S The er	DOMUS PROPERTY GROUP LLG	С							
5050		Name of Limited Liability Company							
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered Of	fice Change and	fee(s) are submitted for filing.						
Please	return all correspondence concerning th	nis matter to the	following:						
Andres	v Pierce								
	Name of Person			_					
Cindy's Florida LLC				THE FEEL 1:53					
	Firm/Company			0 V 2					
8051 N	I. Tamiami Trail STE E6		HALLANDSOLE, FI						
	Address								
Saraso	ta, Florida, 34243			53					
	City/State and Zip Code		- -						
reports	@wyomingllcattorney.com								
E	-mail address: (to be used for future an	nual report notif	fication)						
For fu	ther information concerning this matter	, please call:							
Andrev	v Pierce	727 at (300-0042						
	Name of Person		Area Code & Daytime Telephone Number	- er					
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		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	g amount:							
	■ \$25 Filing Fee	□ \$	55 Filing Fee & Certified Copy						

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: DOMUS PROPE	ERTY GRO	ου	P LLC		
2. (a)	8051 N. Tamiami Trail STE E6	(h	b) (8051 N.	. Tamiami Trail STE E6	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	('-	_ ر		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	Sarasota, Florida, 34243		_	Sarasota.	a, Florida, 34243	
	02/15/2021		L	2100007	076521	
3.	Date of filing/registration in Florida	4.			Document number	
5. (a)	ANDERSON, JEFFREY S, II					
. (.,	Registered Agent and Registered Office shown on the records of 5619 24TH TERRACE	the Florida	a De	ept, of Sta	State:	
	Registered Office Address (MUST BE FLORIDA STREET	<u>ADDRESS</u>	<u>S)</u>		2023 NOV 27	-
	SAINT PETERSBURG	33710			AON	.m.,
(b)	Enter name of NEW Registered Agent and/or NEW Registered	d Office ad	ldre	<u>:55</u> :	17. 1. AMASSEC. FL	
	Cindy's Florida LLC				7: 53	
	NEW Registered Office Address:					
	8051 N. Tamiami Trail STE E6				_	
	Sarasota , FI	34243				
change agent v was/wo	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 like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the draw Pierca	registere ability co of the lim limited l	ed omp nite liab	office ar pany, it d liabili pility cor	and the business office of the registered t is hereby confirmed that the change(s) lity company or as otherwise provided i	
Signal	ture of a member or authorized representative of a member	+			Printed or typed name of signee	
provisi the obl to mere	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 provide ely reflect a change in the registered office address, I it in writing of this change.	ree to act performe d for in C hereby co	in anc Cha onf	this cap se of my opter 60 irm that	apacity. I further agree to comply with t by duties, and I am familiar with and acc 05, F.S. Or, if this document is being fi at the limited liability company has been	he rept led
An. Signatu	draw Piarca re of Registered Agent					

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