121000077215

(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:								





200390754762

07/11/22--01019--011 *+25.00

2022 JUL II AMII: 01

COVER LETTER

TO:

INHS18 (2/14)

Registration Section

Divi	sion of Corporations			•					
SUBJECT:	7456 OAKMOSS LLC								
SUBJECT:	Name of Limited Liability Company								
Dear Sir or l	Madam:								
The enclosed	d Registered Agent/Registered (Office Change and	l fee(s) are submitted for fi	iling.					
Please return	all correspondence concerning	this matter to the	following:						
Melissa Jo	nes								
	Name of Person								
ZenBusiness	Inc.								
	Firm/Company	·		2					
336 E. Colleg	ge Ave. Suite 301			022 Ji					
	Address			JUL 11					
Tallahassee, l	FL 32301			Ssc 🚬 🤾					
	City/State and Zip Cod	e							
ra@zenbusin	ess com			F. 9					
E-mail	address: (to be used for future	annual report noti	fication)						
For further i	nformation concerning this mat	ter, please call:							
Melissa J	lones	844 at (493-6249						
	Name of Person	aı (Area Code & Daytime	Telephone Number					
Reg Div P.O	iling Address: distration Section dision of Corporations dispersion Box 6327 dispersion Box 6327		Street Address: Registration Section Division of Corporat The Centre of Tallah 2415 N. Monroe Stree Tallahassee, FL 3230	assee eet. Suite 810					
Enc	losed is a check for the follow	ing amount:							
□ \$	25 Filing Fee	- 5	555 Filing Fee & Certified	Сору					

· 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 a	ame of the limited liability company: 7456 OAK	MC	<u>)S</u>	SLL	<u>C</u> _				
2. (a)	7456 OAKMOSS LOOP								
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) DAVENPORT, FL 33837	_	Mailing address of limited liability company: (Note: MAYBE POST OFFICE BOX) YAPHANK, NY 11980						
	D/(VEI(I O)(1), 1 E 0000)	_	-	1711		* 1 1 1	000		
	02/15/2021	L21000077215							
3.	Date of filing/registration in Florida	4.			Document r	number			
5. (a)	Registered Agents Inc.								
J. (u)	Registered Agent and Registered Office shown on the records of t 7901 4th St N	he Flor	ida E	Dept. of Sta	ate:				
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	:22)		_				
	STE 300						207		
	St. Petersburg	33702	<u>!</u>			ا ب	2022 JUL	' * []]	
(b)	ZenBusiness Inc				_	LI ÁIÐASSEL		; ;	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	<u>Office</u>	<u>addı</u>	re s s:		13.S	7		
	336 E. College Ave.					7 E	AM II: 0		
	NEW Registered Office Address:				-		_		
	Suite 301								
	Tallahassee , FL	32301							
change agent v was/w the art	limited 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 or icles of organization or the operating agreement of the larold L Deiters III	registe bility f the l	ered com imit d lia	office and office and office of the office o	nd the busines is hereby con ity company o	ss office o firmed th	of the n at the c	egistered :hange(s)	
	Signature of a member or authorized representative of a member				Printed or typ	ed name of	signee	·	
I here provisi the obj	by accept the appointment as registered agent and agre- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided why reflect a change in the registered office address. It	e to a perfor for it	ict ii mar n Ch	n this cap ice of my apter 60	pacity. I furth duties, and I 5, F.S. Or, if	ner agree am famil this docu	to com iar wit iment i	ply with the h and accept s being filed	

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

Signature of Registered Agent