L21000106118

(Requestor's Name)					
(Address)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
(Boodinest Hamber)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
<u></u>					

Office Use Only



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2022 AUG 15 PM 3: 16.

TO THE STREET

MOZAUG 15 MID: 57

A. BUTLER AUG 1 5 2022 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

	ACCOUNT NO.	:	12000000	0195
	REFERENCE	;	883673	8269170
	AUTHORIZATION	: _	Darlo St	enan
	COST LIMIT	:	\$ 25.00	
ORDER DATE :	August 15, 2022			
ORDER TIME :	_			
ORDER NO. :				
CUSTOMER NO:				
				
	CHANGE OF A	<u>.GEN</u>	<u>T</u>	
VALET.	16001300 110	_		
NAME:	16001322, LLC			
PLEASE RETURN	THE FOLLOWING AS	PR	OOF OF FI	LING:
	FIED COPY			
XX PLAIN	STAMPED COPY			
CONTACT PERSO	N: Alexxis Weila	nd	EXT#	

EXAMINER:

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.

I. N	ame of the limited liability company: 16001322, LL	-C					
			(h)				
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	\	(0)_	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	3117 WEST OAKLYN AVE		3	3117 WEST OAKLYN AVE			
	TAMPA, FL 33609		_ ا	TAMPA, FL 33609			
	03/11/2021		L2	_21000106118			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)							
J. (a,	Registered Agent and Registered Office shown on the records HANAN, BENJAMIN R	of the Floric	da De	Dept. of State:			
	Registered Office Address (MUST BE FLORIDA STREE	TADDRES	<u></u> (<u>SS)</u>				
240 SOUTH PINEAPPLE AVE 10TH FLOOR							
	SARASOTA	34236		TILED SERVENARY OF STATE TALLARY SSEE, FILE			
(b)	Enter name of NEW Registered Agent and/or NEW Register						
	and of the second secon	es contre a		7A 5			
	Corporation Service Company			, w			
	NEW Registered Office Address:						
	1201 Hays Street						
	Tallahassee	FL_32301					
change agent was/w	limited liability company is not organized under the e 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 control of the cont	laws of the he register liability co s of the lir	e Sta red comp mite	I office and the business office of the registered appary, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in			
	/s/Emily Cusmano	Em	nily (Cusmano, Authorized Person			
Signa	ature of a member or authorized representative of a member			Printed or typed name of signee			
provis the ob- to mer	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 provid ely reflect a change in the registered office address, d'in writing of this change,	gree to ac te perform ded for in I hereby c	t in tanc Cha confi	n this capacity. I further agree to comply with the ace of my duties, and I am familiar with and accep apter 605. F.S. Or, if this document is being filed afirm that the limited liability company has been			
	Grace E. Kirby	<u>G</u>	race	ce E. Kirby, Asst Vice President			
Signatu	are of Registered Agent						