## L21000 126076

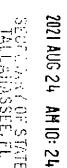
	Requestor's Name)				
<b>\</b> F	requestors marrie)				
	Address)				
(Address)					
(0	City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates of	Status			
Special Instructions to Filing Officer:					

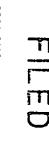
Office Use Only



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## **COVER LETTER**

Division of Corporations	
410MIC LLC SUBJECT:	
	f Limited Liability 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 m	atter to the following:
B. Charles Sellari, CPA, MTX	
Name of Person	
Divine, Blalock, Martin & Sellari, LLC	
Firm/Company	<del></del>
580 Village Blvd, Suite 110	
Address	<del></del>
West Palm Beach, FL 33409	
City/State and Zip Code	
kbeach@dbmscpa.com	
E-mail address: (to be used for future annual	report notification)
For further information concerning this matter, ples	ase call:
Kelly Beach	561 686-1110 at (
Name of Person	Area Code & Daytime Telephone Number
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 am	ount:
□ \$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

and the second second

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.

	ame of the limited liability company:			
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)
	c/o B. Charles Sellari; 580 Village Blvd, Suite 110		27000 Pon	tofino Circle #101
	West Palm Beach, FL 33409		Palm Beac	h Gardens, FL 33418
	03/17/2021		L210001260	076
3.	Date of filing/registration in Florida	<b>—</b> 4.		Document number
5. (a)				
,, ( <u>u</u> ,	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of State	– <b>c</b> :
	Joseph H. Littky			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRE	<u>(SS)</u>	_
	27000 Portofino Circle #101			s <b>2</b>
	Palm Beach Gardens	FL_33418		DZI AL
(b)	B. Charles Sellari, CPA, MTX			FIL 021 AUG 24 TALL AHAS
` ,	Enter name of NEW Registered Agent and/or NEW Register	ed Office	nddress:	
	580 Village Blvd			ED Milo: 24 Of State See, Fl
	NEW Registered Office Address:			
	Suite 110			<i>(</i> )
	West Palm Beach	33409		
c		L		-
gent v	imited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members icles of organization or the operating agreement of the	liability of of the li	ored office and company, it is mited liability liability com	the business office of the registered is hereby confirmed that the change(s) we company or as otherwise provided in spany.
<u>C'</u>	ture of a member or authorized representative of a member		M,	Chael Cutter
herel	ture of a member or authorized representative of a member by accept the appointment as registered agent and as ons of all statutes relative to the proper and completing igations of my position as registered agent as providely reflect a change in the registered office address, if in writing of this change.	gree to a e perform ed for in Thereby	ct in this capa nance of my d Chapter 605, confirm that t	Printed or typed name of signee acity. I further agree to comply with the luties, and I am familiar with and accep. F.S. Or, if this document is being filed the limited liability company has been
7	5/4/4/			