## 121000131511

(Re	questor's Name)			
(Ad	dress)	=		
(Ad	dress)			
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Do	cument Number)			
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer;				

Office Use Only



200372679012

2021 SEP - 7 AM 9: 36

(1)

## COVER LETTER

INHS18 (2/14)

TO:		stration Section sion of Corporations				
SUBJE	CT:	Foine Necessities				
		Name of Limited Liability Company				
Dear Si	ir or M	1adam:				
The end	closed	Registered Agent/Registered	Office Change	and fee	e(s) are submitted for filing.	
Please r	return	all correspondence concernin	g this matter to	the foll	owing:	
Toni-Sh	nac Ra	dlein				
		Name of Person				
Foine N	lecessi	ities				
	-	Firm/Company				
4429 H	ollywo	ood Blvd #814408				
		Address				
Hollywo	ood Fl	33081-4408				
		City/State and Zip Cod	de			
foinence	cessiti	es@gmail.com				
E-	-mail	address: (to be used for future	annual report r	notificat	tion)	
For furt	ther in	nformation concerning this ma	tter, please call	:		
Toni-Sh	nae Ra	dlein	786 at (		720-2060	
		Name of Person	(		Area Code & Daytime Telephone Number	
	Regi Divi P.O.	ling Address: istration Section sion of Corporations Box 6327 ahassee, FL 32314		,	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	
	Encl	osed is a check for the follow	ving amount:			
	<b>=</b> \$2	25 Filing Fee	Ţ	<b>⊐ \$</b> 551	Filing Fee & Certified Copy	

## 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.

a)	Hollywood Blvd	(b)_P	.O. Box 814408
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
#814	1408 Hollywood Fl	Н	ollywood Fl
3308	31-4408	33	8081-4408
06/26	5/2021	L21	3000131511
<del></del>	Date of filing/registration in Florida	4.	Document number
T- '			
a) Regist	ered Agent and Registered Office shown on the record-	s of the Florida Dep	pt. of State:
Lega	al Corp Solution LLC		. 2
Regis	tered Office Address (MUST BE FLORIDA STRE	ET ADDRESS)	
	W Hollywood Blvd Suite 415		2021 SEP SECURE TALL
Holl	ywood	FI 33021	
))	Shac Radlein name of NEW Registered Agent and/or NEW Registe	ered Office addres	9: 36
NEW	Registered Office Address:	· · · · · · · · · · · · · · · · · · ·	<del> </del>
4429	Hollywood Blvd #814408		
Holl	ywood	. FL <sup>33081-4408</sup>	
e limited	anges are made, the Florida street address of identical. Or, in the case of a Florida limited thorized by an affirmative vote of the membe	the registered of d liability compairs of the limited	any, it is hereby confirmed that the change(s) I liability company or as otherwise provided in
ige or ch it will be were aut irticles o	f organization or the operating agreement of		• • •
ige or ch it will be were aut articles o	Torganization or the operating agreement of Shae Radlein  a member or authorized representative of a member		ac Radlein  Printed or typed name of signee