

L21000130494

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

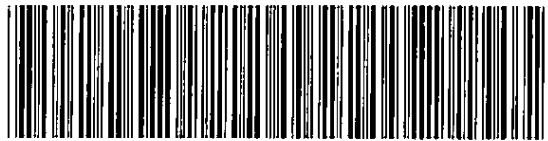
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Wmills

Office Use Only



200431539702

06/17/24--01020--030 \*\*25.00

FILED  
2024 JUN 17 AM 2:41  
TALL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Worth Squared LLC  
Name of 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 matter to the following:

Amy W. Edwards

Name of Person

Worth Squared LLC

Firm/Company

14413 Windigo Ln

Address

Orlando, FL 32828

City/State and Zip Code

amy@worthsquared.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy W. Edwards

at ( 813 ) 712-0235

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 amount:

☒ \$25 Filing Fee

☐ \$55 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.*

1. Name of the limited liability company: Worth Squared LLC
2. (a) Principal office address of limited liability company:  
*(Note: MUST BE STREET ADDRESS)*  
14413 Windigo Ln  
Orlando, FL 32828
- (b) Mailing address of limited liability company:  
*(Note: MAY BE POST OFFICE BOX)*  
14413 Windigo Ln  
Orlando, FL 32828
3. 3/22/2021 Date of filing/registration in Florida
4. 1.21000132494 Document number

5. (a) Registered Agent and Registered Office shown on the records of the Florida Dept. of State:  
Amy W Edwards

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

11639 Lake Lucaya Dr

Riverview, FL 33579

- (b) Enter name of NEW Registered Agent and/or NEW Registered Office address:

NEW Registered Office Address:

14413 Windigo Ln

Orlando, FL 32828

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Amy W Edwards

Signature of a member or authorized representative of a member

Amy W. Edwards

Printed or typed name of signee

*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.*

Signature of Registered Agent

FILED  
2024 JUN 17 AM 2:41  
SOS  
FLORIDA