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COVER LETTER ,

то:	Registration Section Division of Corporations		
SUBJ	THE CYBER DAWN LLC		
0000		ame of Limited	Liability Company
Dear S	Sir or Madam:		
The e	nclosed Registered Agent/Registered O	ffice Change an	d fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	e following:
LARR	Y NEWMAN		
	Name of Person		
THE N	NEWMAN GROUP PLLC		
	Firm/Company		_
6803 I	AKE WORTH ROAD STE 305		
	Address		
LAKE	WORTH FL 33467		
	City/State and Zip Code	-	<u> </u>
LBN@	NEWMANADVISORS.COM		
	E-mail address: (to be used for future a	nnual report not	ification)
For fu	rther information concerning this matte	er, please call:	
LARR	Y NEWMAN	561 at (642-6999
	Name of Person	at (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	ng amount:	
	□ \$25 Filing Fee		\$55 Filing Fee & Certified Copy
INHSI	8 (2/14)		

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.

	THE CYBER D.	AWN LLC		
	Name of the limited liability company: 1147 SOUTH DRIVE	(ь)	1147 SOUTH DRIVE Mailing address of limited liability company	
2. (8	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(Note: MAY BE POST OFFICE BOX) LINIT B	
	UNIT B			_
	DELRAY BEACH, FL 33445		DELRAY BEACH, FL 33445	
	3/15/21	I	.21000132610	
	Date of filing/registration in Florida	4.	Document number	
	BUSINESS SERVICES 4 U LLC		_	
(a)	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of State:	
	2101 VISTA PARKWAY			ລັ
	Registered Office Address MUST BE FLORIDA STREET	ADDRESS)		ນປາປ ເ
	STE 206		: 	
_	WEST PALM BEACH , FI	33411	<u> </u>	·
) TI	HE NEWMAN GROUP PLLC		·	P:: 15
En	ter name of NEW Registered Agent and/or NEW Registered	Office add	ress:	J
68	03 LAKE WORTH ROAD			
NE	W Registered Office Address:			
ST	E 305			
LAI	KE WORTH ET	33467		

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.

Signature of a member or authorized representative of a member

DAWN KRISTY

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.

The Newson Group PLLE Signature of Registered Agent by Lave L

Division of the same

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

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