# L21000139853

(Řequestor's Name)						
(Address)						
(Address)						
(Cit	ty/State/Zip/Phone	#)				
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	of Status				
Special Instructions to Filing Officer.						
J. HORNE						
MAR 1 2 2024						

Office Use Only



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#### COVER LETTER /

TO:		stration Section sion of Corporations						
SUBJI	FCT∙	HIGH LEVEL VENTURES L	I.C					
0000.		Name of Limited Liability Company						
Dear S	ir or N	Aadam:						
The en	elosec	l Registered Agent/Registere	d Office Chang	e an	ed fee(s) are submitted for filing.			
Please	return	all correspondence concerni	ng this matter t	o th	e following:			
LYNN	THON	MAS						
		Name of Person						
ТНОМ	IAS AS	SSOCIATES LLC						
		Firm/Company			<del></del>			
5313 T	RACE	RIDGE CIR						
	,	Address			<del></del>			
HOOV	ER, A	L 35244-3928						
	<u> </u>	City/State and Zip C	ode		<del></del>			
LYNN	.DIRE	CT@GMAIL.COM						
E	E-mail	address: (to be used for future	re annual report	not	ification)			
For fur	rther is	nformation concerning this m	atter, please ca	ll:				
LYNN	THOM	/AS	205 at (	5	790-4892			
		Name of Person	(		Area Code & Daytime Telephone Number			
	Reg Divi P.O.	ling Address: istration Section ision 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			
	Enc	losed is a check for the follo	owing amount:					
	<b>=</b> \$2	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

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.

	me of the limited liability company: HIGH LEVEL VENTURES LLC			THOMAS	ASSOCIATES LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	545 CHANNELSIDE DR APT 2410			5313 TRAC	CE RIDGE CIR
	TAMPA, FL 33602			HOOVER,	AL 35244-3928
	03/25/2021		I	.210001398	53
3.	Date of filing/registration in Florida	4.	-		Document number
5. (a)	SCOTT COHN				A PR
J. (a)	Registered Agent and Registered Office shown on the record	s of the Flo	rida	Dept. of State	826 J
	Registered Office Address (MUST BE FLORIDA STRE 400 N ROME AV #1231	ET ADDR	ESS)		FILED  FEB 26 AM II: 14  THE STATE OF THE
	TAMPA	.FL_33606	ó		
(b)	SCOTT COHN				
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> HIGH LEVEL VENTURES LLC	ered Office	: <u>200</u>	<u>1638</u> .	
	NEW Registered Office Address:				•
	545 CHANNELSIDE DR APT 2410				
	ТАМРА	, FL33602	2		
change agent w was/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of	the regist I liability rs of the	cor limi	l office and upany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
سكس	letter	S	CO.	TT COHN	
_	aire of a member or authorized representative of a member				Printed or typed name of signee
provision the obli to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change.	agree to e ete perfoi ided for i . I hereby	act i ma. n Ci ' coi	n this capa uce of my a napter 605, ufirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been

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

Signature of Registered Agent

#### COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ	HIGH LEVEL VENTURES LLC ECT:					
	Na	me of I	Limited Lia	bility Company		
Dear !	Sir or Madam:					
The e	nclosed Registered Agent/Registered Of	fice Ch	nange and f	ee(s) are submitted for filing		
Pleaso	e return all correspondence concerning th	his mat	ter to the fo	ollowing:		
LYNN	THOMAS					
	Name of Person	-		_		
THON	MAS ASSOCIATES LLC					
	Firm/Company			_		
5313	TRACE RIDGE CIR					
	Address			_		
нооч	VER, AL 35244-3928					
	City/State and Zip Code			_		
LYNN	EDIRECT@GMAIL.COM					
	E-mail address: (to be used for future an	nual re	port notific	ation)		
For fu	orther information concerning this matte	r, pleas	e call:			
LYNI	THOMAS	at	205	790-4892		
	Name of Person		\	Area Code & Daytime Tele	phone Nu	mber
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Street Address: Registration Section Division of Corporations The Centre of Tallahasse 2415 N. Monroe Street, Tallahassee, FL 32303	ee	
	Enclosed is a check for the followin	g amoi	unt:			
	S25 Filing Fee		<b>□</b> \$5	5 Filing Fee & Centified Cop	у	

INHS18 (2/14)

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. Na	ame of the limited liability company:		THOMAS	ASSOCIATES LLC
. (a)			(b)	
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		М	lailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	545 CHANNELSIDE DR APT 2410		5313 TRAC	E RIDGE CIR
	TAMPA, FL 33602		HOOVER, A	AL 35244-3928
	03/25/2021		L2100013985	33
	Date of filing/registration in Florida	4.	Γ	Document number
. (a)	SCOTT COHN			
, (a)	Registered Agent and Registered Office shown on the records of	f the Flo	rida Dept. of State:	
	HIGH LEVEL VENTURES LLC			
	Registered Office Address (MUST BE FLORIDA STREET	"ADDRI	<u>(SS)</u>	263
	400 N ROME AV #1231			7. 24 F
	TAMPA, F	L_33606	,	EB 2
(b)	SCOTT COHN			PILED 24 FEB 26 AM II: IL
, , ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office	address:	n: TAT ORIG
	HIGH LEVEL VENTURES LLC			A C
	NEW Registered Office Address:			
	545 CHANNELSIDE DR APT 2410			
	TAMPA , F	L_33602	!	
hange gent v	imited liability company is not organized under the later or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited later authorized by an alternative vote of the members cles of organization of the operating autrement of the	e regist iability of the leading	ered office and company, it is imited liability d liability comp	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
2	ture of a member or authorized representative of a member	<u> </u>	COTT COHN	Printed or typed name of signee
	·			
rovisi he qbl o m <b>k</b> re	by accept the appointment as registered agent and ag ons of all statutes relative to the proper and complete igations of my position as registered agent as providely reflect a change in the registered office address, I I'm writing of this change.	o nertoi	mance of my di	uties, and Lam familiar with and accen

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Signature of Registered Agent