## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081

Phone : (307)200-2803 Fax Number : (855)330-1010

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_\_\_\_

## LLC REGISTERED AGENT CHANGE FILELU, LLC

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## 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

Floride L. Na	nme of the limited liability company: FILELU,	LLC	<u> </u>			_,_,_,_		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  7901 4th St N STE 300				
	St. Petersburg FL		St. Peter	sburg FL 3370	02			
3.	03/24/2021  Date of filing/registration in Florida	 4.	L2100	0140195	er			
5. (a)	TRUONG, VIET T  Registered Agent and Registered Office shown on the records of 100 MYRTLE ST  Registered Office Address (MUST BE FLORIDA STREET) 278	the Florid		- ::				
(b)	LONGWOOD , FL 32750  Registered Agents Inc.  Enter name of NEW Registered Agent and/or NEW Registered Office address:			ALLAHASSER	HASTHER IV	2022 HAR 14	AHD FILEI	
	7901 4th St N  NEW Registered Office Address:  STE 300			TO SALE	14:9 HB			
	St. Petersburg, FI	3370	2					
he cha agent v was/wo	imited liability company is not organized under the launge or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the	f the reg iability c of the lit limited	istered office ompany, it is nited liability liability con	e and the business s hereby confirm y company or as	s office ( ed that th	of the ne cha	registered nge(s)	
Signature of a member or authorized representative of a member			ley Park	Printed or typed na	me of sign	ee	<u></u>	
_	by accept the appointment as registered agent and ag	ree to ac	t in this cap	• •			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.

- Assistant Secretary

Signature of Registered Agent

Bill Havre