## LZ1 000 154675

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	Idress)	
<i>(, ,</i> ,		
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
	isiness Entity Nar	
(bu	isiness Enuty Nai	rie)
(Do	ocument Number)	
Certified Copies Certificates of Status		
		<del></del>
Special Instructions to	Filing Officer:	

Office Use Only

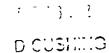


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20 change



## **COVER LETTER**

TO:

INHS18 (2/14)

TO: Registration : Division of C				
SUBJECT: 100TH	OUSANDMILES LLC			
	Nan	e of Limited Li	ability Company	<del></del>
Dear Sir or Madam:				
The enclosed Registe	red Agent/Registered Offi	ce Change and	fee(s) are submitted for fili	ng.
Please return all corre	espondence concerning thi	s matter to the i	following:	
Melissa Jones				
	Name of Person		<del></del>	
ZenBusiness Inc.				
	Firm/Company		_	
336 E. College Ave. Su	nite 301			
<del></del>	Address		<del>_</del>	21
Tallahassee, FL 32301				2022 JUI
(	City/State and Zip Code			
ra@zenbusiness.com				7
E-mail address:	(to be used for future ann	ual report notifi	cation)	ي -
For further information	on concerning this matter,	please call:		
Melissa Jones		844 at (	493-6249	
Nam	e of Person		Area Code & Daytime T	elephone Number
Mailing Add Registration Division of P.O. Box 63 Tallahassee.	Section Corporations 27		Street Address: Registration Section Division of Corporation The Centre of Tallaha 2415 N. Monroe Street Tallahassee, FL 32303	ssee et. Suite 810
Enclosed is a	check for the following	amount:		
□ \$25 Filing	Fee	<b>□ \$</b> 5	55 Filing Fee & Certified C	ору

## 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. <b>N</b> a	nme of the limited liability company: 100THC	USA	NDMILE	S LLC_	
2. (a)	10641 HUNTRIDGE ROAD		(b) 10641 HUNTRIDGE ROAD		
2. (u)	Principal office address of limited liability company:		· · -	failing address of	limited liability company:
	(Note: MUST BE STREET ADDRESS)			_	POST OFFICE BOX
	ORLANDO, FL 32825		UNLA	NDO, FL	. 32023
	04/02/2021		L21000	)154675	
3.	Date of filing/registration in Florida	<b></b> 4.		Document num	ıber
5 (a)	Registered Agents Inc.				
5. (a)	Registered Agent and Registered Office shown on the records	of the Flo	rida Dept. of State	: :	
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STREET	T.ADDR.	ESS)		
	STE 300				
	St. Petersburg	FL33702	2		202
<b>(</b> b)	ZenBusiness Inc				(i) 2022 JUL
•	Enter name of NEW Registered Agent and/or NEW Registe	red Office	address:		Ui Ui
	336 E. College Ave.	_			
	NEW Registered Office Address:				ب <u>ب</u> ۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔۔
	Suite 301				
	Tallahassee	FL 3230	l .		
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the member cles of organization or the operating agreement of the control of the	he regist liability s of the	ered office and company, it is limited liability	the business of hereby confirm company or a	office of the registered need that the change(s)
	Sharda Tabuteau	5	Sharda Tab		
Signa	ture of a member or authorized representative of a member	_		Printed or typed a	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 chapte 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