D21000169 826

(Requestor's Name)				
(Address)				
(100.000)				
(Address)				
(Cit	y/State/Zip/Phone	#)		
PICK-UP	■ WAIT	MAIL		
		_		
(Bu	siness Entity Nam	e)		
(Do	cument Number)			
Cortified Coning	Cortification	of Status		
Certified Copies	_ Certificates	or status		
Special Instructions to Filing Officer:				
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COVER LETTER

M&M Insurance Planning LLC	
SUBJECT:	lame of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered C	Office Change and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to the following:
Guiseppi Morabito	
Name of Person	
M&M Wealth Management LLC	
Firm/Company	2021 SE
360 Central Ave Suite 800	2021 JUL 18 PI 11: 148 SEGRE MALL MARK TO A SECONDARY TO A SECONDA
Address	8
Saint Petersburg, FL 33701	
City/State and Zip Code	# 8
gmorabito@mandmwealth.com	
E-mail address: (to be used for future a	innual report notification)
For further information concerning this matt	er, please call:
Guiseppi Morabito	440 212-3926 at ()
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
Enclosed is a check for the followi	Tallahassee, FL 32303
■ \$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.

l. Na	me of the limited liability company: M&M Insurance Pl	anning	ş LI	LC	
2. (a)	360 Central Ave (b) 360 Centra		al Ave		
- (-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_ `			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Suite 800	_		Suite 800	
	Saint Petersburg, FL 33701	_	_	Saint Pete	rsburg, FL 33701
	04/12/2021		L	21000169	826
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	ZenBusiness Inc.				
, (u)	Registered Agent and Registered Office shown on the records of the	e Floric	la [Sept. of Stat	_ c :
	336 E. College Ave.				
	Registered Office Address (MUST BE FLORIDA STREET AL	DDRES	<u>(23)</u>	<u> </u>	- 28 - 28
	STE 301				7 <u> </u>
	Tallahassee, FL_	32301			
(b)	Sienna Yoo				2074 JUL 18 PINTI: 48 SECRE LARVE TO FACE
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office a	<u>ddr</u>	<u>ess</u> :	100 T
	360 Central Ave				-71 20
	NEW Registered Office Address:			<u> </u>	_
	Suite 800			<u></u>	_
	Saint Petersburg , FL	33701			_
change igent w was/we	mited liability company is not organized under the laws or changes are made, the Florida street address of the re will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egister ility c the lir	red om mit	office an pany, it is ed liabilit	d the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in
		Gu	iise	ppi Morab	
Signat	ure of a member or authorized representative of a member				Printed or typed name of signce
prövisie he obli o mere iotifiea	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pe igations of my position as registered agent as provided in the state of this change in the registered office address. I he is a writing of this change.	erforn	nan	ce of my	duties, and I am familiar with and accept
NS.					

Signature of Registered Agent