## L21000174605

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUL -5 PM 4: 13



C. BRUMBLEY SEP 3 0 2022

## **COVER LETTER**

TO:	Registration Section Division of Corporations		•
SUBJ			
	1	Name of Limited Lial	bility Company
Dear S	Sir or Madam:		
The er	closed Registered Agent/Registered	Office Change and fe	e(s) are submitted for filing.
Please	return all correspondence concerning	g this matter to the fo	llowing:
Melis	sa Jones		
	Name of Person		<del>-</del>
ZenBu	siness Inc.		
	Firm/Company		_
336 E.	College Ave. Suite 301		
	Address		_
Tallah	assee, FL 32301		
_	City/State and Zip Coo	ie .	_
ra@ze	nbusiness com		
I	E-mail address: (to be used for future	annual report notifica	ation)
For fu	rther information concerning this ma	tter, please call:	
Meli	ssa Jones	844 at (	493-6249
	Name of Person		Area Code & Daytime Telephone Number
	Mailing Address:		Street Address:
	Registration Section		Registration Section
	Division of Corporations		Division of Corporations
	P.O. Box 6327		The Centre of Tallahassee
	Tallahassee. FL 32314		2415 N. Monroe Street. Suite 810 Tallahassee. FL 32303
	Enclosed is a check for the follow	ring amount:	
	□ \$25 Filing Fee	<b>\$55</b>	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.

1. N	Tame of the limited liability company: 3 LITTLE	HE	ARTS L	LC
2. (a)	3845 COUNTY ROAD 210		<sub>(b)</sub> 3845	<b>COUNTY ROAD 210</b>
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(=)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	JACKSONVILLE, FL 32259		JACK	(SONVILLE, FL 32259
	04/15/2021	<del></del>	04/15/	/2021
3.	Date of filing/registration in Florida	<b>-</b> 4.	<del></del>	Document number
5. (a	Registered Agents Inc.			
J. (	Registered Agent and Registered Office shown on the records of 7901 4th St N	the Flor	ida Dept. of Sta	te:
	Registered Office Address (MUST BE FLORIDA STREET) STE 300	1DDRI	<u>:22)</u>	<b>2022</b> Sec Ta
	St. Petersburg	33702		F SECKÉ P TALLA
<b>(</b> b)	ZenBusiness Inc			-5 RASSEE
	Enter name of NEW Registered Agent and/or NEW Registered	Office	address:	Tr. D
	336 E. College Ave.			13
	NEW Registered Office Address:	-		
	Suite 301			_
	Tallahassee , FI	32301		_
chang agent was/v the ar	limited liability company is not organized under the lave or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members of ticles of organization or the operating agreement of the	regist ability of the 1	ered office ar company, it i imited liabili	ad the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Kori Bichler	<u> </u>	ori Bichle	
•	ature of a member or authorized representative of a member			Printed or typed name of signee
the ol to me	eby accept the appointment as registered agent and agree sions of all statutes relative to the proper and complete bligations of my position as registered agent as provide rely reflect a change in the registered office address, I lead in writing of this change.	ee to d perfor d for it hereby	ict in this cap mance of my n Chapter 60 confirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been

Signature of Registered Agent