## L21000 189540

(Requestor's Name)								
(Address)								
(Address)								
(Address)								
(City/State/Zip/Phone #)								
PICK-UP WAIT MAIL								
(Business Entity Name)								
(Document Number)								
Certified Copies Certificates of Status								
Special Instructions to Filing Officer:								
3 DE1403								
AUG 1 3 2023								

Office Use Only



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2023 JUL 21 PM 4: 20

## **COVER LETTER**

TO:	Registration Section Division of Corporations									
SUBJI	1104 NORTH DIXIE HIGHWA	1104 NORTH DIXIE HIGHWAY LLC								
5000	Name of Limited Liability Company									
Dear S	ir or Madam:									
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.							
Please	return all correspondence concernin	g this matter to the	following:							
VINCE	NT VENNERA									
	Name of Person		<del></del>							
	Firm/Company									
265 S.	FEDERAL HIGHWAY, # 291									
	Address		<del></del>							
DEERI	FIELD BEACH, FL 33441									
	City/State and Zip Co	de								
VCVB	USINESS6@GMAIL.COM									
<u> </u>	-mail address: (to be used for future	annual report notif	ication)							
For fur	ther information concerning this ma	tter, please call:								
VINCE	NT VENNERA	646 at (	772-0960							
	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 Tallahassee, FL 32303							
	Enclosed is a check for the follow	ving amount:								
	\$25 Filing Fee	□ s	55 Filing Fee & Certified Copy							
INHST	8 (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.

ì.	Nan	ne of the limited liability company: 1104 NORTH DIX	IE III	GHV	VAY LLC	<del></del>		
2. (a	a) I	104 NORTH DIXIE HIGHWAY		(b)	1104 NOR	TH DXIE HIGHWAY	7	
		Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)  DERAL HIGHWAY, #291		
		1104 NORTH DIXIE HIGHWAY			265 S. FED			
		LAKE WORTH, FL 33460	_	-	DEERFIEL	LD BEACH, FL 33441	•	
	O	04/30/2021		L	21 <b>0</b> 00 <b>1</b> 895	40		
3.		Date of filing/registration in Florida	4.	_		Document number		<u></u>
5. (	a) I	Registered Agent Solutions.						
	-	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Registered .PO Box 7410517, Dept. 5021Chicago, IL 60674-051 USA Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			-			
	-	, FL				-		
(b) <u>.</u>	h)						2023	žá
		Enter name of NEW Registered Agent and/or NEW Registered Office address:			-	ال ا	- 72E	
		VINCENTVENNERA					2023 JUL 21 PM	FILE
	-	NEW Registered Office Address:				-	P 000	
	_	265 S. FEDERAL HIGHWAY, # 291				_	<b>կ։</b> 20	
		DEERFIELD BEACH, FL_	3441			_	Ö	<u>2</u>
chan agen was/	ige o it wi /were	nited liability company is not organized under the laws or changes are made, the Florida street address of the rell be identical. Or, in the case of a Florida limited liable authorized by an affirmative vote of the members of les of organization or the operating agreement of the li	egisto ility the l miteo	ered com imit d lia	office and pany, it is ed liability	If the business office is hereby confirmed the company or as other apany.	of the reginat the cha	istered nge(s)
Sig	<u>z</u> znajku	re of a member or authorized representative of a member	<u> </u>			Printed or typed name o	of signee	
prov the c to m notij	risiói oblig ereli fied j	c accept the appointment as registered agent and agreens of all statutes relative to the proper and complete parties of any position as registered agent as provided we reflect a change in the registered office address. I he writing of this change	e to a erfor for in reby	nct iv man 1 Ch 1 con	this capa ce of my a apter 605 firm that t	icity. I further agree luties, and I am fami , F.S. Or, if this doc he limited liability co	to comply liar with a ument is h ompany he	with the ind accept eing filed as been