## K21000190103

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE

J SEVANIS OCT 12 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 24COVERS LLC		
	Name of Limited Liz	ability Company
Dear Sir or Madam:		
The enclosed Registered Agent/Register	ed Office Change and f	fee(s) are submitted for filing.
Please return all correspondence concern	ning this matter to the f	following:
Melissa Jones		
Name of Person	1	_
ZenBusiness Inc.		
Firm/Company		
336 E. College Ave. Suite 301		
Address		<del></del>
Tallahassee, FL 32301		
City/State and Zip (	Code	
ra@zenbusiness com		
E-mail address: (to be used for fut	ire annual report notific	cation)
For further information concerning this	matter, please call:	
Melissa 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 foll	lowing amount:	
□ \$25 Filing Fee		5 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. <b>N</b> a	me of the limited liability company: 24COV	ERS L	LC		
2. (a)	1000 BRICKELL AVENUE		<sub>to</sub> 1000 E	BRICKELL AVENUE	
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	·	`	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	PMB 5092		PMB 5092		
	MIAMI, FL 33131		MIAMI	, FL 33131	
	04/23/2021		L21000	190103	
3.	Date of filing/registration in Florida	4.	I	Document number	
5. (a)	Registered Agents Inc.				
	Registered Agent and Registered Office shown on the record	s of the Flori	da Dept, of State:		
	7901 4th St N				
	Registered Office Address (MUST BE FLORIDA STRE	EJ ADUKES	····		
	St. Petersburg	FL_33702			
<b>(</b> b)	ZenBusiness Inc				
(0)	Enter name of NEW Registered Agent and/or NEW Register				
	336 E. College Ave.				
	NEW Registered Office Address:				
	Suite 301				
	Tallahassee	FL_32301			
change agent v was/we	imited liability company is not organized under the or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited authorized by an affirmative vote of the members of organization or the operating agreement of	laws of the the register liability of the li	red office and ompany, it is mited liability	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
/s/	/Ayoub Labied	A	youb Labi	ed	
Signat	ture of a member or authorized representative of a member			Printed or typed name of signee	
provisi the obl to mere	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address lin writing of this change.	agree to ac ete perform ided for in , I hereby (	ct in this capac nance of my di Chapter 605, confirm that th	city. I further agree to comply with the uties, and I am familiar with and accept F.S. Or, if this document is being filed be limited liability company has been	
Signatu	re of Registered Agehi				