21000214077

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

	egistration Section division of Corporations	•							
SUBJEC									
Name of Limited Liability Company									
Dear Sir o	or Madam:								
The enclo	sed Registered Agent/Registered Office	Change and	fee(s) are submitted for filing.						
Please ret	urn all correspondence concerning this n	natter to the	following:						
Sydney	Grice								
	Name of Person		_						
Anderso	on Business Advisors								
	Firm/Company								
3225 M	cLeod Drive, #100								
	Address		•••						
Las Veg	gas, NV 89121								
	City/State and Zip Code								
ra@and	dersonadvisors.com								
E-m	hail address; (to be used for future annual	report notiti	cation)						
For furthe	er information concerning this matter, plo	ase call:							
Sydney	Grice	800	7064741						
	Name of Person	\ <u></u>	Area Code & Daytime Telephone Number						
R	TREET/COURIER ADDRESS: legistration Section Division of Corporations	Reg	AILING ADDRESS: gistration Section vision of Corporations						
	Tifton Building	D. Box 6327							
	661 Executive Center Circle allahassee, Florida 32301	Tal	lahassee, Florida 32314						
E	inclosed is a check for the following an	iount:							
Z	\$25 Filing Fee	5 Filing Fee & Certified Copy							

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

	ame of the limited liability company: 200 Shaler, and 3225 McLeod Dr. Suite 100	3225 McL and Dr. Suite 100					
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
	Las Vegas, NV 89121		Las Vegas, NV 89121				
					, -		
	05/07/2021		L2100021	14077			
3.	Date of filing/registration in Florida	4.		Document number			
5. (a)	MENA, HUMBERTO						
5. (a)	Registered Agent and Registered Office shown on the records o	f the Florida	Dept. of State	:: ::			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 5861 SW 155 CT						
	MIAMI F	_L 33193			₹.	~ ~	
(b)	Anderson Registered Agents, Inc.				TALLAF	2022 JUN 13	
, .	Enter name of NEW Registered Agent and/or NEW Registered Office address:				AHASSE	<u>₩</u>	
	625 E. Twiggs Street, Suite 110				in ^e	PH	[74] 1*
	NEW Registered Office Address:				STATE LORIDA	3: 56	•-
	Татра, F	_L 33602					
the cha agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address owill be identical. Or, in the case of a Florida limited lere authorized by an affirmative vote of the members icles of organization or the operating agreement of the conference of the conferenc	of the regis liability co of the lim e limited l	itered office impany, it is ited liability iability con	and the business of shereby confirmed y company or as of apany.	office of that the	the reg	gisterec e(s)
	ey Grice Produce International	Syc	Iney Grice				
_	ture of a member or authorized representative of a member		_	Printed or typed name			
provisi the obl to mer	by accept the appointment as registered agent and agions of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect a change in the registered office address, I din writing of this change.	gree to act e performe led for in C I hereby co	in this capa ance of my d hapter 605 onfirm that	ncity. I further agr duties, and I am far , F.S. Or, if this do the limited liability	ee to con niliar wi ocument compan	mply with ana is bein iy has	rith the l accep ig filed been

A. T. Mathis, President

Signature of Registered Agent