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(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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05/27/21--01027--005 **25.00



COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: Prince Ves Rids Clob LLC Name of Limited Liability Company					
Dear Sir or Madam:					
The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter to the following:					
TEME + rich MAYS Sr. Name of Person					
Prince Tee Ride Club Lhc Firm/Company					
1020 18th Ave Swith Address					
SAINT PETERSHURG FL 33705 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
TEMETRICH MAYS at (727) 251-5244 Name of Person Area Code & Daytime Telephone Number					
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 810Tallahassee, FL 32303					

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

I. N	ame of the limited liability company: Drince VEE Ride	Club MC
	1020 19th AUE, S. 51. PEZZONI > (b) 1020	18th ale 5 ST. Peterstu
2. (d)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.		D22S13D
		Document number
5. (a)	United STATES Corp. ASENTS. IWC. Registered Agent and Registered Office shown on the records of the Florida Dept. of State	
	S575 S. SEMOTAN blud. Registered Office Address (MUST BE FLORIDA STREET ADDRESS)	2021 HAY 27 PH 3: 11
	36	(27)
	Orlando Fl. 32822, FL 32822	PH 3:
(b)	TEMETICA MAYS Enter name of NEW Registered Agent and/or NEW Registered Office address:	orioa
	1020 18th AVE SOUTH NEW Registered Office Address:	
	ST. Ostershore fl 33705	
If the l	imited liability company is not organized under the laws of the State of Flo	rida it is hereby confirmed in the A
agent was/we	or changes are made, the Florida street address of the registered office and will be identical. Or, in the case of a Florida limited liability company, it is cre authorized by an affirmative vote of the members of the limited liability cles of organization or the operating agreement of the limited liability com	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in
Signa	Tem Historized representative of a member Tem E	Frinted or typed name of signee
I here provision the oblive mercified V	by accept the appointment as registered agent and agree to act in this capa ons of all statutes relative to the proper and complete performance of my digations of my position as registered agent as provided for in Chapter 605, ely reflect a change in the registered office address. I hereby confirm that the first of this change. My Chapter Agent	
- Signatu	ic of Registered Agent	