121 000 226 341

(Req	uestor's Name)		
(Address)			
(Address)			
•	ŕ		
(City)	/State/Zip/Phone	- 40	
(City)	rstaterziprznone	<i>: ++)</i>	
PICK-UP	WAIT	MAIL	
(Bus	iness Entity Nan	ne)	
·	•	·	
	ument Number)		
(DOC	ument Number)		
Certified Copies	Certified Copies Certificates of Status		
Special Instructions to F	iling Officer		
opeoid: mondonorio to r	ming Smoon.		

Office Use Only



200376568142

11/45/21--01015--028 **25.00

2021 15 PH 4: 05



DEC 08 2021 LALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations	,			
SUBJECT: Name of Limited Lia	bility 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:				
Quanja Williams Name of Person	_			
WYN LLC	_			
Firm/Company				
38032 Postal Dr. 70. #1573	<u> </u>			
Zephyrhills; FL 33539 City/State and Zip Code	_			
E-mail address: (to be used for future annual report notification)	ation)			
For further information concerning this matter, please call:				
Quany Willams at (813)	778-7609 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 following amount:				
S25 Filing Fee S55	Filing Fee & Certified Copy			

1NHS18 (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. 1	Name of the limited liability company:		
	38032 Putal Dr. (b) P.C. BOX 15	13	
2. (a)	Principal office address of limited liability company: Mailing address of limited (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST	liability company	y:
	Zephyrhius FL, 38539 Zephyrhius 3	3539	
			
	05/17/2021 L210002263	341	
3.	Date of filing/registration in Florida 4. Document number		
5. (a			
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)		
	1		
	544 Lexi DN	r-2	
	Lateland FL 33809	2877 7 11 15	
(b		7.	
(1)	Enter name of NEW Registered Agent and/or NEW Registered Office address:	<u></u> ات	
	Quiabia Vamis Williams NEW Registered Office Address:	P11 4:	نحتن
	38038 Postal Dr. P.D #1573	05	
	Zephyrhills FL 33539		
chang agent was/v	e limited liability company is not organized under the laws of the State of Florida, it is hereby conge or changes are made, the Florida street address of the registered office and the business office at will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed the were authorized by an affirmative vote of the members of the limited liability company or as othe rticles of organization or the operating agreement of the limited liability company.	of the registere at the change(; rwise provided	:d s)
(lis	mature of a member or authorized representative of a member Suichja Ullas	Sinner	
I her provi the of to me	reby accept the appointment as registered agent and agree to act in this capacity. I further agree isions of all statutes relative to the proper and complete performance of my duties, and I am family bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documents reflect a change in the registered office address, I hereby confirm that the limited liability could be writing of this change.	to comply with	h the ccept filed en

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00