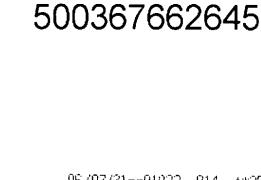
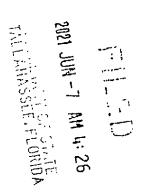
LZI 0002Z6544

(Requestor's Name)						
(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:						



06/07/21--01023--814 **25.88



Office Use Only

COVER LETTER

TO:	Registration Division of						,.	•	
SUBJE	ECT:	工	B	1st	CLAS	55 J	DELIVERY	LLC	
Name of Limited Liability Company									
Dear Si	ir or Madam:								
The end	closed Regist	tered Ag	gent/Re	gistered O	ffice Chang	e and f	ec(s) are submitted f	or filing.	
Please return all correspondence concerning this matter to the following:									
GEORGE L. BROOKS, SOLE MBR Name of Person									
I B 1ST CLASS DELIVERY LLC									
Firm/Company									
	1871			STR	EET		_		
		Α	ddress						
MIAMI GARDENS, FL 33056 City/State and Zip Code									
b1s+classdelivery@gmail-com E-mail address: (to be used for future annual report notification)									
l:-	-mail address	s: (to be	used to	or future a	nnual report	notific	cation)		
For furt	ther informat	ion con	cerning	this matte	r, please ca	11:			
	<i>TEORGE</i> Nan	E BA		<u> </u>	at (305	725 - 3 Area Code & Dayti	3138 me Telephone Number	
	Mailing Ac		,				Street Address:		
	Registration						Registration Sect		
	Division of		rations	3			Division of Corpo		
P.O. Box 6327							The Centre of Tallahassee		

Enclosed is a check for the following amount:

Tallahassee, FL 32314

□ \$25 Filing Fee & Certified Copy

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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.

suomus me jononing statement in order to change his regi	stered office or registered agent, or both, in the state of 1 tortude.
1. Name of the limited liability company:	15T CLASS DELIVERY LLC.
2. (a) 1871 NW 171 STREE	
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
MIAMI GARDENS, FL 3305	MIAMI GARDENS, FL 33056
<u></u>	ŕ
05/17/2021	L21000226544
3. Date of filing/registration in Florida	4. Document number
5. (a) GEORGE, BROOKS Registered Agent and Registered Office shown on the records	<u>L.</u> .
Registered Agent and Registered Office shown on the records	of the Florida Dept. of State:
<u> 1871 NW 171ST ST</u>	REET
Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)
MIAMI GARDENS, FL	33056
MIAMI GARDENS	
(b) GEORGE L. BROOKS Enter name of NEW Registered Agent and/or NEW Register 1871 NW 171 STRE NEW Registered Office Address:	red Office address:
MIAMI GARDENS	FL 33056
change or changes are made, the Florida street address of t agent will be identical. Or, in the case of a Florida limited	laws of the State of Florida, it is hereby confirmed that after the he registered office and the business office of the registered liability company, it is hereby confirmed that the change(s) s of the limited liability company or as otherwise provided in he limited liability company. GEORGE BROOKS (SOLE MEMBER) Printed or typed name of signee
I hereby accent the appointment as registered agent and a	Printed or typed name of signee Igree to act in this capacity. I further agree to comply with the te performance of my duties, and I am familiar with and accept ded for in Chapter 605, F.S. Or, if this document is being filed I hereby confirm that the limited liability company has been