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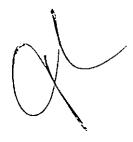
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COVER LETTER

TO: Registration Section **Division of Corporations** 5555 7M LLC SUBJECT: 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: Cynthia Davies Name of Person Cindy's Florida LLC Firm/Company 8051 N. Tamiami Trail Suite E6 Address Sarasota, FL 34243 City/State and Zip Code cindy@cindysfloridallc.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Cynthia Davies 727 683-0983 at (Name of Person Area Code & Daytime Telephone Number Mailing Address: **Street Address:** Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 Enclosed is a check for the following amount: ■ \$25 Filing Fee □ \$55 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. N a	5555 7M LLC ame of the limited liability company:				
2. (a)	8051 N. Tamiami Trail STE E6		(b)	8051 N. Tamiami Trail S	
2. (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Sarastoa, Florida 34243	_	(0)	Mailing address	of limited liability company: BE POST OFFICE BOX)
	05/21/2021	_	Ĺ -	21000238088	
 (a) 	Date of filing/registration in Florida NUGENT, PATRICIA, ESQ.	4.		Document n	umber
J. (u)	Registered Agent and Registered Office shown on the records of 2455 E. SUNRISE BLVD. SUITE 807	the Flor	ida	Dept. of State:	
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)				205.
	FORT LAUDERDALE , FL	33304	,		705. L 12
(b)	Enter name of NEW Registered Agent and/or NEW Registered	Office	add	ress:	
	CINDY'S FLORIDA LLC				.; Я
	NEW Registered Office Address: 8051 N. Tamiami Trail Suite E6		_		
	Sarastoa , FI.	34243			
change agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lie ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the cynthia bavies.	registe ability of the l limite	erec cor imi d lia	d office and the busines npany, it is hereby conf ted liability company of ability company. iia Davies, Manager	s office of the registered irmed that the change(s)
I here provisi the obl to mere	ture of a member or authorized representative of a member by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect a change in the registered office address, I h d in writing of this change.	ee to a perfor d for in tereby	ict i mai i Ci coi	n this canacity. I furth	er agree to comply with the
Signatu	Cynthia Davies re of Registered Agent				