RAICCIAHH HUGG

| (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: | | | |
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Office Use Only



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2022 NOV 21 PH 1: 0

COVER LETTER .

| * TO: Registration Section Division of Corporations | , | | | |
|--|---|--|--|--|
| SUBJECT: Amanda Wither 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: | | | | |
| Amanda Withee Name of Person | | | | |
| Amanda Withee LLC Firm/Company | | | | |
| 11225 ESTICL Dr Unit 64 | | | | |
| Bradenion FL 34211 City/State and Zip Code | | | | |
| E-mail address: (to be used for future annual report notification) | | | | |
| For further information concerning this matter, please call: | | | | |
| Amancof Person at (941) 374 2754- Name of Person Area Code & Daytime Telephone Number | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | |
| Enclosed is a check for the following amount: | | | | |
| ☑ \$25 Filing Fee | □ \$55 Filing Fee & Certified Copy | | | |

INHS18 (2/14)



November 4, 2022

AMANDA WHITE 11225 ESTIA DR UNIT 64 BRADENTON, FL 34211

SUBJECT: AMANDA WITHEE, LLC

Ref. Number: L21000244499

We have received your document for AMANDA WITHEE, LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan Regulatory Specialist III

Letter Number: 222A00024846

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

| sub m it Florid | | ve or registered agent, or both, in the State of |
|-------------------------------------|---|---|
| 1. Na | ame of the limited liability company: $_$ A m a b d a b | JAhre LLC |
| | | 1225 ESTIG Dr 64 Bradenti |
| , , | Principal office address of limited liability company: [- (Note: MUST BE STREET ADDRESS) 3 + 2 \ \ | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) 3 4 7 |
| | | 1 2 1 2 2 2 2 4 4 4 - 00 |
| 2 | 25 May 2021 Date of filing/registration in Florida 4. | Document number |
| 3. | , and the same of | TACUMENT HUMOET |
| 5. (a) | Registered Agent and Registered Office shown on the records of the Florida Dep | nt of State |
| | 11225 ESTIC DY 64-137 (ICT) Registered Office Address (MUST BE FLORIDA STREET ADDRESS) | |
| | 11225 Estia Dr 64 Braden | 1CN |
| | | V 2 |
| (h) | Decistered Agents inc | 022 NOV |
| | 7901 410 SI N | |
| | NEW Registered Office Address: | |
| | STE 300 | |
| | st petersburg . FI. 337 | 02 |
| the ch agent was/w the art | limited liability company is not organized under the laws of the Statange or changes are made, the Florida street address of the register will be identical. Or, in the case of a Florida limited liability comparer authorized by an affirmative vote of the members of the limited ticles of organization or the operating agreement of the limited liab | ed office and the business office of the registered any, it is hereby confirmed that the change(s). I liability company or as otherwise provided in |
| I here provis the obto men notifie | eby accept the appointment as registered agent and agree to act in sions of all statutes relative to the proper and complete performance oligations of my position as registered agent as provided for in Charely reflect a change in the registered office address, I hereby conficient in the change. | |
| Signal | ure of Registered Agent | |