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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

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AUG 3 1 2022 S. PRATHER

COVER LETTER

TO:

INHS18 (2/14)

Registration Section Division of Corporations

SUBJECT: STEP OUT AMERICAN Name of L	RICA LLC imited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to the following:
ERIK SHEPAZO	
Name of Person	-
STEP OUT AMERICA	
Firm/Company	
5010 2m Au N	
Address	
ST Pete To 33701 City/State and Zip Code	<u></u>
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Erik Sheraeu at (at (777 460-7685 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tailahassee, FL 32303
Enclosed is a check for the following amoun	t:
10-\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

L N	ame of the limited liability company: 57FF 0	HT AMERICA LLC
2. (a)	5010 2nd Ave N	(b) 5010 2 4 x N
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address of limited liability company:
		(Note: MAY BE POST OFFICE BOX)
	5T Petersburg, FL3374	- 11 12 TO'S BUR 12 33
·	Nov 17 2021	121000 248 060
3.	Date of filing/registration in Florida 4.	Document number
5. (a)	United States Company of	ENB Inc
	Registered Agent and Registered Office shown on the records of the Flo	orda Dept. of State:
	Registered Office Address (MUST BE FLORIDA STREET ADDR	#3C

	OKCAND FL \$328	771
	, FL	1022 ALL:
(b)	Erik Shepard	ALLIHLSSEE PM
	Enter name of NEW Registered Agent and/or NEW Registered Office	Address: SEE S
		my P
	SOIU 2M AVE N	
	NEW Registered Office Address:	
	ST YETERS BULL, FE	337 to
	·	
	, FL	
If the lin	nited liability company is not organized under the laws of the	he State of Florida, it is hereby confirmed that after the
agent w	or changes are made, the Florida street address of the registral be identical. Or, in the case of a Florida limited liability	company it is haraby confirmed that the abounds
"" US " " C	e authorized by an affirmative vote of the members of the less of organized on or the operating agreement of the limited	imited lightlifty company or as athorness arounded in
	est 4 1 hours	ERIK A SHENGED
	e of a member or authorized representative of a member	Printed or typed name of signee
i nereby provisió: (ba.okt:/	caccept the appointment as registered agent and agree to a as of all statutes relative to the proper and complete performations of my position as registered agent as provided for in A reflect a change in the registered office address. I hereby	ct in this capacity. I further agree to comply with the mance of my duties, and I am familiar with and accept
ne opug 10 merel poti6	allons of my position as registered agent as provided for in y reflect a change in the registered office address. I hereby n writing of the change	Chapter 605, F.S. Or, if this document is being filed confirm that the limited liability company has been
	n writing of hit change	* .

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

of Registered Agent