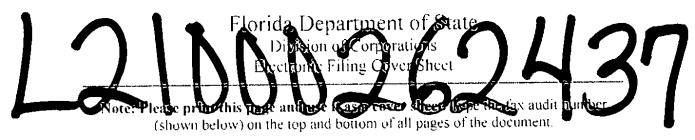
9/2/22, 12:25 PM

Division of Corporations



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To:

Division of Corporations

Fax Number

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 : (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE CARA'S HAVEN LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
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SEP - 6 2022

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#### COVER LETTER

TO: Registration Section Division of Corporations

CARA'S HAVEN 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:

Cheyenne Mos	e,	ıey
--------------	----	-----

Name of Person

Legalzoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

### reedj78@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

#### Cheyenne Moseley

800

773-0888 ext 9724

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

2022 SEP -2 AH 10 58

INHS18 (2/14)

LegalZoom.com, Inc.

# 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.

١.	Na	me of the limited liability company: CARA'S HAV	/EN LL	ن.				
2. (		3712 N Tampa St.	A	b)	3712 N	Tampa St.		
£. (	(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		-,	,	Tailing address of limited liabilit (Note: MAY RF, POST OFF)		r:
		Tampa, FL 33603		-	Tampa,	FL 33603		
		06/07/2021		L	.2100026	62437		
3.		Date of filing/registration in Florida	4.			Document number		
5.	(0)	Eugene Reed III						
3.	(a)	Registered Agent and Registered Office shown on the records of	the Florid	a I	Dept of State	· ::		
		10144 Arbor Run Dr., Unit 53						
		Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	S		•		<b>33</b>
							7 (5) 7 (5)	
		Tampa	33647	7			المات الرجم	SEP -
					<del></del>	-	777 744	-2
	(b)	UNITED STATES CORPORATION AGENTS				-	<u>ः</u> -:	<u>&gt;</u>
	` ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office 8	<u>dd</u>	ress.		5.7. 0.7.	<b>(</b>
		5575 S. Semoran Blvd., Suite 36					.,	<b>5</b> 8
		NEW Registered Office Address:				-		
						-		
		Orlando, FL	32822	2	<u> </u>	_		
16.	ha I	imited liability company is not organized under the la	ws of th	e s	State of Flo	orida, it is hereby confirme	ed that af	ter
the	chi	inge or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited li	i the reg	, ISI	стей отніс	e and the business office o	i tilo regi	1210100
Æα	s/iv	ere buthorized by M affirmative vate of the members of	of the lii	nai	ted liabilit	y company or as otherwise	provide	din
the	Art	icles of organization of the operating agreement of the			ability con ene Ree			
_(	<u>/</u>	ture of a member or authorized representative of a member		19	ene nee	Printed or typed name of signo	e	<del></del>
11 pro the	iere ovis obi	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete ligations of my position as registered agent as provide cly reflect a change in the registered office address. I d in writing of this change.  CHEYENNE MOSELEY, ASSISTANT SECRETAR STATES CORPORATION AGENTS, INC.	e perfori ed for in hereby	na C co	in this cap nce of my hapter 60: nfirm that	acity. I further agree to co duties, and I am familiar v 5, F.S. Or, if this documen the limited liability compo	omply wi with and t is being my has b	th the accept g filed een