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(Ke	questor's Name)		
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(Address)			
(Ad	dress)	_	
(Cit	y/State/Zip/Phone	e #)	
☐ PICK-UP	WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
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Special Instructions to	Filing Officer;		
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Office Use Only



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COVER LETTER

_	stration Section sion of Corporations	•		
SUBJECT:	1777 LLC			
	of Limited Liability Company			
Dear Sir or N	Aadam:			
The enclosed	d Registered Agent/Registered Office	e Change and fee(s) are submitted for filing.		
Please return	all correspondence concerning this	matter to the following:		
Sydney Gr	rice			
	Name of Person			
Anderson	Business Advisors			
	Firm/Company			
3225 McLe	eod Drive, #100			
	Address			
Las Vegas	s, NV 89121			
	City/State and Zip Code			
ra@anders	sonadvisors.com			
E-mail	address: (to be used for future annua	d report notification)		
For further in	nformation concerning this matter, p	lease call:		
Sydney Gr	ice	800 7064741		
	Name of Person	Area Code & Daytime Telephone Number		
Regi Divis Clifte 2661	EET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle thassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following amount:				
☑ \$2	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.

ı) <u> </u>	3225 McLeod Dr, Suite 100	(b)	(b) 3225 McLeod Dr, Suite 100		
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability compa (Note: MAY BE POST OFFICE BO)		
	Las Vegas, NV 89121	La	s Vegas, NV 891		
	06/10/2021	L2	1000270037		
	Date of filing/registration in Florida	4.	Document m	ımber	
a)	GOWDA, HARISH				
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)		SECINE TALI	2022 A
	1506 SAINT EDMUNDS PL	ET ADDRESS) FL 32746		\mathcal{O}^{m_0}	2022 ALIC - 9
a)	1506 SAINT EDMUNDS PL	32746		\mathcal{O}^{m_0}	·
η,	1506 SAINT EDMUNDS PL LAKE MARY	_{FL} 32746		\mathcal{O}^{m_0}	
η,	1506 SAINT EDMUNDS PL LAKE MARY Anderson Registered Agents, Inc.	_{FL} 32746		SSEE, FL	
η,	1506 SAINT EDMUNDS PL LAKE MARY Anderson Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered	_{FL} 32746		SSEE, FL	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

the articles of organiz	ration or the operating agreement of	the limited liability company.
Sydney Grice	Displaids regional for Sendonia Care or 1941 cm. Systems Care in the amount again in granders simulationally server a cutti- Care 1941/49-24-11 cc 548-46/241	Sydney Grice
Signature of a member or authorized representative of a member		Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been notified in writing of this change.

A. T. Mathis, President

Signature of Registered Agent