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COVER LETTER

то:	Registration Section Division of Corporations			
SUBJ	1430 LLC ECT:			
Name of Limited Liability Company				
Dear S	Sir or Madam:			
The er	iclosed Registered Agent/Registered Of	Tice Change and	d fee(s) are submitted for filing.	
Please	return all correspondence concerning the	nis matter to the	e following:	
Sydr	ney Grice			
	Name of Person		<u> </u>	
Ande	erson Business Advisors			
	Firm/Company			
3225	McLeod Drive, #100			
	Address			
Las \	/egas, NV 89121			
	City/State and Zip Code		<u> </u>	
ra@a	andersonadvisors.com			
1	E-mail address: (to be used for future an	nual report noti	fication)	
For fu	rther information concerning this matter	, please call:		
Sydn	ey Grice	800	7064741	
	Name of Person	(Area Code & Daytime Telephone Number	
	STREET/COURIER ADDRESS:	M	AILING ADDRESS:	
	Registration Section	Re	egistration Section	
	Division of Corporations		ivision of Corporations	
	Clifton Building		O. Box 6327	
	2661 Executive Center Circle Tallahassee, Florida 32301	Ta	ıllahassee, Florida 32314	
	Enclosed is a check for the following	g amount:		
	☑ \$25 Filing Fee	□ s	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.

IVI	ime of the limited liability company: 1430 LLC				
a)	3225 McLeod Dr, Suite 100	(_(b) 3225 N	AcLeod Dr, S	Suite 100
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			•	of limited liability company BE POST OFFICE BOX)
	Las Vegas, NV 89121		Las Ve	gas, NV 891	121
	06/10/2021		L21000	270065	
	Date of filing/registration in Florida	4.		Document n	umber
a)	GOWDA, HARISH				
		THE THORE	da Dept, of Sta	nc.	
	Registered Office Address (MUST BE FLORIDA STREET) 1506 ST EDMUNDS PL			_	2022 წენს
	1506 ST EDMUNDS PL		:S)		2022 AUG -1
))	1506 ST EDMUNDS PL	ADDRES	:S)		-8 PH
))	1506 ST EDMUNDS PL LAKE MARY F	<u>addres</u> L_32746	35)		-8 PH 3:
))	1506 ST EDMUNDS PL LAKE MARY Anderson Registered Agents, Inc.	<u>addres</u> L_32746	35)		-8 PH
))	1506 ST EDMUNDS PL LAKE MARY Anderson Registered Agents, Inc. Enter name of NEW Registered Agent and/or NEW Registered	<u>addres</u> L_32746	35)		-8 PH 3: 5

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 organiza	tion or the operating agreem	ent of the limited liability company.
Sydney Grice	Emphaly reprint to Scoting (Crisia CMI) into Spillow Crisia in vide intend integral periodote shaphing in consistency (into Crisia 2002 26 24 19 25 Mill (EPP)	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