人21000273038

(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:							

Office Use Only



700372474867

09/07/21--01040--023 **25.00

2021 SEP -7 PH 5: 19

X + 1 (1/18

SET 2 2 7021 I ALBRITTON

COVER LETTER

TO: Registration Section Division of Corporations							
SUBJECT.	ted Liability Company						
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to	o the following:						
Mussa Maleur Name of Person							
Ta trolosing UC Firm/Company							
1101 Brickell Ave S	outtower 8ts Floor						
Mirmi FL 33 131 City/State and Zip Code							
E-mail address: (to be used for future annual report	notification)						
For further information concerning this matter, please cal	II:						
Name of Person at (Area Code & Daytime Telephone Number						
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303						
Enclosed is a check for the following amount:							
\$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy						
INHS18 (2/14)							

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.

1. Na	Name of the limited liability company:	tno	lusine				··-
2. (a)	1101 50-01-1	(b) _	1101	BR.	TCHE	LL AVE	<u>_</u>
2. (u)	Principal office address of limited liability company:	(-)_				liability comp	
	Such TOWER Street ADDRESS)		-			OFFICE BO.	
		_	South				Elour
	MUANT PLOTEDA 33.31	_	MEA	nt_	FL	33131	
	G/11/21	_	L210	000	2730	38_	
3.	Date of filing/registration in Florida 4.		Do	cument	number		
5. (a)	Dlana Spano						
	Registered Agent and Registered Office shown on the records of the Flo	orida De	pt. of State:				
	Registered Office Address MUST BE FLORIDA STREET ADDR	PF (C)					
	South Toward State Floor	LOST					
	South FOWER 8th Floo-	3> 12				2021	
	MEANE ,FL_	331)(SEP	
(b)						p -7	,
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered Office</u>	e addre	<u>ss</u> :				,
	Alyssa M'auley					P)1 5: I	
	NEW Registered Office Address:	سب ،	OK	91		9	
	101 BRECKEL AVE South	Ta	iff Di	r c			
	MAMI , FL 3	<u> </u>	3[
change agent w was/we	limited liability company is not organized under the laws of ge or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability were authorized by an affirmative vote of the members of the cicles of organization or the operating agreement of the limit	stered of y comp limite ed liab	office and the pany, it is he d liability co	reby co ompany	ess office on the corner of th	of the registe at the chang rwise provid	ered e(s)
-	nature of a member or authorized representative of a member						
I herel provisi the obl	eby accept the appointment as registered agent and agree to sions of all statutes relative to the proper and complete perfo bligations of my position as registered agent as provided for rely reflect a change in the registered office address. I hereb	act in ormand in Cha	this capacit e of my duti pter 605, F.	y. I fur es, and S. Or,	ther agree I am Jamil if this docu	to comply w lar with and iment is beir	ith the laccept ig filed
to mere hotified	rely reflect a change in the registered office address, I hereb ed in writing of this change.	y conf	irm that the	umiled	навинту со	mpany nas	veen
Signatu	turk of Registered Agent						