## [21600 355 72

(Requestor's Name)					
(Address)					
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PICK-UP WAIT MAIL					
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58/26/24

## COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: BODY ROLL						
Name of Lin	nited 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:						
DINA HALL						
Name of Person						
BODY ROLL KAMPA						
Firm/Company						
450 KNIGHTS RUN AVE #	· 1507-					
Address						
TAMPA, FL 33602						
City/State and Zip Code						
•						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
	813, 240-3318					
Name of Person	Area Code & Daytime Telephone Number					
Mailing Address:	Street Address:					
Registration Section	Registration Section					
Division of Corporations	Division of Corporations					
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee					
1 ananassee, 1 D 32514	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.

l. Na	me of the limited liability company:	1 RI	sul	1AMPA
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(	b)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)
	LOOS MACDILL AVE STE	A	450	KNIGHTS RUN ALE #1502
	TAMPA, FL 33609		<u> </u>	IMPA, FL 33602
3.	7 Juy 2021 Date of filing/registration in Florida	 4.	L21	000288692
5. (a)	CHEYENNE MOSELEY -		Lacon	Document number
. ,	Registered Agent and Registered Office shown on the records			
	D. T. LOCK ALL MARKET WAS A STATE OF THE STA			
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRES.	<u>S)</u>	
	101 N. BRAND BLUD 11th FI	CA		<del>-</del>
	GLENDALE	<u>91</u>	203	
(b)	DINA HALL			
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ac	idress:	
	450 KNIGHTS RUN AVE #	1607-		THE SEATT
	NEW Registered Office Address:	1002	<u></u>	
	1AMPA.	FL 3:	3602	
	· · · · · · · · · · · · · · · · · · ·			<del></del>
change ( agent w	nited liability company is not organized under the lear changes are made, the Florida street address of the identical. Or, in the case of a Florida limited learning the control of the co	ie registere liability co	ed office a impany it	nd the business office of the registered is hereby confirmed that the change(s)
was/wei	e authorized by an affirmative vote of the members les of organization of the operating agreement of th	of the lim	nted liabili	ty company or as otherwise provided in
	- Hall			Printed or typed name of signee
_	re of a member or authorized representative of a member		***	•
l hereby provision the obligation potified	caccept the appointment as registered agent and agens of all statutes relative to the proper and complete to the proper and complete tations of my position as registered agent as provid wreflest a change in the registered office address, I in writing of this change.	gree to act e performa led for in C I hereby co	in this cap ince of my Chapter 60 onfirm that	pacity. I further agree to comply with the duties, and I am familiar with and accept 5, F.S. Or, if this document is being filed the limited liability company has been
Signature	of Registered Agent			