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(Requestor's Name)									
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(Cit	y/State/Zip/Phone	e #)							
PICK-UP	MAIT	MAIL							
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Certified Copies Certificates of Status									
Special Instructions to	Filing Officer:	-							
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Office Use Only



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2022 OCT 27 PM I2: 5h SECRETARY OF STATE TALLAMASSATIFL

COVER LETTER . .

ΓO: Registration Section Division of Corporations							
ANCESTRAL SOULUTIONS LLC	-						
Name of Limited Liability Company							
Dear Sir or Madam:							
The enclosed Registered Agent/Registered Of	Tice Change and	d fee(s) are submitted for filing.					
Please return all correspondence concerning the	his matter to the	following:					
CHRISTEL WRIGHT							
Name of Person		-					
ANCESTRAL SOULUTIONS LLC							
Firm/Company		<u> </u>					
P.O. BOX 4651							
Address							
ALBANY, GA 31701							
City/State and Zip Code		<u> </u>					
ancestralsoulutions20(a/gmail.com							
E-mail address: (to be used for future an	nual report noti	fication)					
For further information concerning this matter	r, please call:						
CHRISTEL WRIGHT	404	397-5176					
Name of Person	(11 (397-5176) 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, F1, 32303					
Enclosed is a check for the following	g amount:						
■ \$25 Filing Fee	- 5	355 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.

i. Na	ance of the limited liability company: ANCESTRAL SOU	ULUTIC	ONS LLC						
2. (a)	2126 DEWEY ST HOLLYWOOD, FL 33020	P.O. BOX 4651 ALBANY, GA 31701							
(u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	``		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)					
2	06-22-21	_	1.210002887						
3.	Date of filing/registration in Florida KIMBERLEY HARRIS	4.		Document number					
5. (a)	Registered Agent and Registered Office shown on the records of the KIMBERLEY HARRIS Registered Office Address (MUST BE FLORIDA STREET AD 2855 SE 50TH ST			- S	SECRET	2022 OCT 27	77		
	OCALA EL 3	34480			ARY.		44-80		
(b)	LORETTA HARRIS Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u> LORETTA HARRIS	·		·	OF STATE	PH 12: 54			
	NEW Registered Office Address:			_					
	2126 DEWEY ST			_					
	HOLLYWOOD , FL	33020		_					
change agent v was/we	imited liability company is not organized under the laws or changes are made, the Florida street address of the r will be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egisteroility co the lim imited l	ed office and impany, it is lited liability iability com	d the business office of the shereby confirmed the y company or as othe apany.	of the	registi chang	ered ge(s)		
Signal	ture of a member or authorized representative of a member	CHI	RISTEL WRI		Csianaa				
I herei provisi the obl to mere notified	by accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p- igations of my position as registered agent as provided ely reflect a change in the registered office address. I he I'm writing of this change.	e to act erform for in C ereby co	in this capa ance of my a Thapter 605, onfirm that t	Printed or typed name of acity. I further agree luties, and I am Jamil , F.S. Or, if this doct the limited liability co	to cor	มกไบ น	vith the l accept ig filed been		