0291707 rida Department of State Division of Corporations

Electronic Filing Cover Sheet

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(((H23000139866 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number: I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

**Enter the email address for this business entity to be used for future : annual report mailings. Enter only one email address please. **

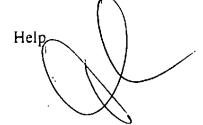
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LLC REGISTERED AGENT CHANGE SLEEP360 LLC

Certificate of Status	0
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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu



COVER LETTER

SLEEP360 LLC	
Name of Lim	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	
LOVETTE DOBSON	
Name of Person	
INCFILE.COM LLC	
Firm/Company	
17350 STATE HWY 249 #220	
Address	
HOUSTON, TEXAS 77064	
City/State and Zip Code	
EFILE1234@INCFILE.COM	
E-mail address: (to be used for future annual repor	rt notification)
For further information concerning this matter, please ca	all:
LOVETTE DOBSON 8:	88 462-3453
Name of Person	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	355 Filing Fee & Certified Copy
INHS18 (2/14)	(((H230001398

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H23000139866 3)))

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.

(\mathbf{a})	Principal office address of limited liability company:		(b)		
. ,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited lia (Note: MAY BE POST O	bility company:
	7169 50TH AVENUE CIR E		7169 50T	H AVENUE CIR E	J INL VVA
	PALMETTO, FL 34221		PALMETTO, FL 34221		
	06/23/2021		L21000291	702	
	Date of filing/registration in Florida	4.		Document number	20:
(a)	Registered Agent and Registered Office shown on the records			-	- :
		of the Flor	ida Dept. of Sta	ite:	
	Grivas Law Group, P.A.			_	:=
	Registered Office Address (MUST BE FLORIDA STREE		73°		
	924 7th Avenue East (SR-64)			_	Fr 50
	Bradenton	FL_34208			5(
	Enter name of NEW Registered Agent and/or NEW Register REPUBLIC REGISTERED AGENT LLC	red VIIIce	address:		
	NEW Registered Office Address:			_	
	1150 Nw 72nd Ave Tower I Ste 455			_	
	Miami	33126 FL			
the i	imited liability company is not organized under the or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited	laws of the he registe liability	ne State of F. ered office ar company, it	lorida, it is hereby confirm nd the business office of it is hereby confirmed that ty company or as otherw	the registered the change(s)
ent v as/w	ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the state of the s	he limited	i liability co ARTA U SPA	• •	
ent vas/we e arti		he limited	-	• •	gnee