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е Т К	LLC REGISTERED AGENT CHA MAYORS JEWELERS OF FLORID			1013 FEB
<b>:</b>	Certificate of Status	()	••	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
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Electronic Filing Menu Corporate Filing Menu



To,

## 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.

<ol> <li>Name of the limited liability company: <u>Autymestereleven</u> 3440 NW 53RD STREET</li> </ol>		, A	URUM HOUSE, 2 ELLAND	ROAD		
2. (a)	Principal office address of limited liability company (Note: MUSTBE STREET ADDRESS)	(b) <u>^</u>	Mailing address of fimite	Aailing address of limited hability company (Note: MAYBE PONT OFFICE BOX)		
	SUITE 402	В	RAUNSTONE			
	FORT LAUDERDALE, FL 33309		EICESTER, LT LE3-ITT GB			
	05/04/2021	L21	1000300556			
S.	Date of filing/registration in Florida		Document number			
(a)	Business Filings Incorporated					
	Registered Agent and Registered Office shown on the records of 1200 South Pine Island Road		pt. of State			
	Registered Office Address <u>(MUST BL FLORIDA STREET</u> )	<u>(DDRESS)</u>				
	Plantation, FL	33324		20		
(b)	C T Corporation System		2023 FEB			
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Officeaddres	<u>2</u> :	2		
				ΡĦ		
	NEW Registered Office Address:		CE D	••		
	1200 South Pine Island Road			03		
	Planation, FL	33324				
he cha igent w vas/we he artij	imited liability company is not organized under the lay nge or changes are made, the Florida street address of vill be identical. Or, in the case of a Florida limited li- re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the Dentis Bell	The register ability comp of the limited limited liab	ed office and the business o any, it is hereby confirmed I I liability company or as oth	ffice of that the erwise	the registere change(s)	
	ure of a member or authorized representative of a member		Printed on typed name of signee			

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. Thereby confirm that the limited liability company has been notified in writing of this change. Som Carento

C T Corporation System By: <u>SEANL EMERICK ASSISTANT SECRETARY</u> 'S By:

> Division of Corporations+ P.O. Box 6327+ Tallahassee, FL 32314 **FILING FEE: \$25,00**

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