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08/19/2021

SECRETARY OF STATE

FILED

COVER LETTER

TO: Registration Section Division of Corporations				
ESTATEWORKS SYSTEMS LLC SUBJECT:				
	Name of Limited Liability Company			
Dear Sir or Madam:				
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.			
Please return all correspondence concerning this matt	er to the following:			
PAUL EDWARDS				
Name of Person	16			
ESTATEWORKS SYSTEMS LLC				
Firm/Company				
4134 GULF OF MEXICO DRIVE, SUITE 207D				
Address				
LONGBOAT KEY, FLORIDA 34228				
City/State and Zip Code				
PAUL@ESTATEWORKSSYSTEMS.COM				
E-mail address: (to be used for future annual rep	port notification)			
For further information concerning this matter, please	call:			
PAUL EDWARDS at (617 600 6831			
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	nt:			
■ \$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.

2. (a)			(b)	
2. (,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	Mailing address		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	4134 GULF OF MEXICO DRIVE, SUITE 207D		4134 GULF OF MEXICO DRIVE, SUITE 207D	
	ONGBOAT KEY, FL 34228 LONGBOAT KEY, FL 34228	LONGBOAT KEY, FL 34228		
	06/31/2021		L21000300	580
3.	Date of filing/registration in Florida	4.		Document number
5. (a)	EDWARDS, PAUL			
/. (u)	Registered Agent and Registered Office shown on the records of t	ne Flori	da Dept. of Sta	_ te:
				_
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>	
	545 ROUNTREE DR			~
	LONGBOAT KEY	34228	·	1021 TALL
(b)	EDWARDS, PAUL			FILL 2021 AUG -6 SECRE LARY TALLAHASS
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office :	ddress:	- SER & I
	ESTATEWORKS SYSTEMS LLC			SECTION OF STA
	NEW Registered Office Address:			三
	4134 GULF OF MEXICO DRIVE. SUITE 207D			_
	LONGBOAT KEY, FL	34228		_
hange igent w vas/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the law.	egiste oility o the li imited	red office an company, it i mited liabilit	s hereby confirmed that the change(s) ty company or as otherwise provided in inpany.
Signat	ure of a member or authorized representative of a member			Printed or typed name of signee
provision he obli o mere	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address. I have a change of this change.	e to ac erforn for in ereby (rt in this cap nance of my Chapter 60: confirm that	acity. 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