## LZI 000301030

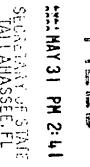
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(Becament Namber)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



500387938525

05/31/22--01015--005 **6**25.00



## **COVER LETTER**

_	stration Section sion of Corporations					
SUBJECT:	Superlunaris LLC					
SOBJECT.	Name of Limited Liability Company					
Dear Sir or N	Aadam:					
The enclosed	l Registered Agent/Registered Off	ice Change and	fee(s) are submitted for filing.			
Please return	all correspondence concerning th	is matter to the	following:			
Jessica Sc	chuler					
	Name of Person	-				
Superluna	ris LLC					
<del></del>	Firm/Company		_ <del>_</del>			
1191 US F	lighway 1 #1006					
	Address					
Vero Beac	h, FL 32960					
	City/State and Zip Code		_			
superlunar	ris@gmail.com					
E-mail address: (to be used for future annual report notification)						
For further in	nformation concerning this matter,	please call:				
Jessica Sc	huler	at (786	312-3170			
	Name of Person	\	Area Code & Daytime Telephone Number			
Regi Divi Clift 2661	SEET/COURIER ADDRESS: stration Section sion of Corporations on Building Executive Center Circle phassee, Florida 32301	Re Di P.C	alling address: gistration Section vision of Corporations ). Box 6327 Ilahassee, Florida 32314			
Encl	Enclosed is a check for the following amount:					
<b>☑</b> \$25 Filing Fee		<b>U</b> \$:	☐ \$55 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.

1. N	ame of the limited liability company:	iunaris LLC			
2. (a)	1191 US Highway 1 #1006	(b) 1946 79	(b) 1946 79th Avenue		
(,	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS	npany:	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Vero Beach, FL 32960	Vero Be	each, FL 32966		
	MAR 18, 2022	L	21000301030		
3.	Date of filing/registration in Florida	4.	Document number		
5. (a)	ZENBUSINESS INC.				
J. (a)	Registered Agent and Registered Office shown on the	records of the Florida Dept. of Stat	e:		
	336 E. College Avenue Suite 301				
	Registered Office Address (MUST BE FLORIDA	STREET ADDRESS)	<b>202</b>		
			1		
	Tallahassee	. FL 32301	SELASE AAR		
(b)	Jessica Schuler		AHASSEE.		
(0)	Enter name of NEW Registered Agent and/or NEW I	Registered Office address:	- 2: <b>4.1</b>		
	1191 US Highway 1 #1006				
	NEW Registered Office Address:		_		
			_		
	Vero Beach	32960			
		, FL			
the chagent was/w	limited liability company is not organized und ange or changes are made, the Florida street adwill be identical. Or, in the case of a Florida I ere authorized by an affirmative vote of the micles of organization or the operating agreeme	ddress of the registered offic limited liability company, it i nembers of the limited liability ant of the limited liability cor	e and the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
Signa	dure of a member or authorized representative of a mem	ber	Printed or typed name of signee		
provis the ob to mer notifie	by accept the appointment as registered agentions of all statutes relative to the proper and a ligations of my position as registered agent as ely reflect a change in the registered office and in writing of this change.	et and agree to act in this cap complete performance of my s provided for in Chapter 60. Idress, I hereby confirm 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		
aignati	ire of Registered Agent				
	Division of Corporations	s• P.O. Box 6327• Tallaha	ssee, FL 32314		

FILING FEE: \$25.00

DUIS18 (2/1.0)