L21000304929

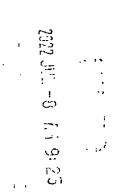
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



500390462275

97/98/22--01919--921 **25.00



BA Chand

COVER LETTER

INHS18 (2/14)

TO:	Registration Section Division of Corporations						
SUBJ	AFTER THE ESCAPE, LLC						
	Name of Limited Liability Company						
Dear S	Sir or Madam:						
The er	closed Registered Agent/Registered (Office Change a	and fee(s) are submitted for filing.				
Please	return all correspondence concerning	; this matter to t	the following:				
Craig !	vlichael Tucci						
	Name of Person						
After t	he Escape						
	Firm/Company						
14726	Silver Glen Drive East						
-	Address			r9 (2)			
Jackso	nville, Florida 32258						
	City/State and Zip Cod	c		do do			
	el@courageous.love			7 7 4			
I	E-mail address: (to be used for future a	annual report n	otification)	မှာ လ			
For fu	rther information concerning this matt	ter, please call:		1 ے			
Craig :	Michael Tucci	323 at (3470247				
	Name of Person		Area Code & Daytime Telephone N	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 8 Tallahassee, FL 32303	10			
	Enclosed is a check for the following	ing amount:					
	■ \$25 Filing Fee	C	\$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. Na	me of the limited liability company: AFTER THE ESC.	APE,	LLC	
2. (a)	13700 NW US Highway 441		(b) 13700	0 NW US Highway 441
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Alachua, Florida 32615	_	Alach	nua, Florida 32615
	07/02/2021		L21000	03(14929
3. 5. (a)	Date of filing/registration in Florida Panacorp Incorporated	4.		Document number
(,	Registered Agent and Registered Office shown on the records of the 155 Office Plaza Drive	of State:		
	Registered Office Address			
(b)	Tallahassee , FL	3230	1	
	Craig Michael Tucci			
	Enter name of NEW Registered Agent and/or NEW Registered (
	14726 Silver Glen Drive East			= 1
	NEW Registered Office Address:			چ ان ان
	Jacksonville FL	3225	₹	
change agent v was/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 liab ere authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	regis bility f the imite	tered office company, limited lia	ce and the business office of the registered it is hereby confirmed that the change(s) ability company or as otherwise provided in company.
Signa	ture of a member of authorized representative of a member	_	<u> </u>	Printed or typed name of signee
provisi the obl to mero 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 had d in writing of this change	verfo Fö r i	rmance of n Chapter	t my duties, and I am familiar with and accept r 605, F.S. Or, if this document is being filed