

L21 000 307 445

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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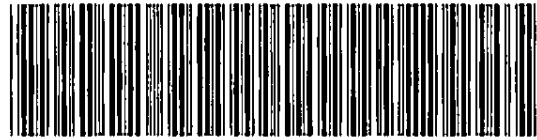
(Business Entity Name)

(Document Number)

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08/19/2021
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SECRETARY OF STATE
TALLAHASSEE, FL 32399

FILED

1

SUBJECT: MAZE GROUP1 LLC

Name of Limited Liability Company

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ANDREW PATTEN

Name of Person

MAZE GROUP1 LLC

Firm/Company

7860 W COMMERCIAL BLVD #900

Address

LLAUDERHILL, FL 33351

City/State and Zip Code

MAZEGROUP111.C@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ANDREW PATTEN

754

317-2684

at (

Name of Person

Area Code & Daytime Telephone Number

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

☐ \$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. Name of the limited liability company: MAZE GROUP1 LLC

2. (a) _____ (b) _____

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

7860 W COMMERCIAL BLVD #900

LAUDERHILL, FL 33351

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

7860 W COMMERCIAL BLVD #900

LAUDERHILL, FL 33351

08/03/2021

L21000307445

3. Date of filing/registration in Florida

4. Document number

5. (a) _____
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

ANDREW PATTEN

Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**

7860 W COMMERCIAL BLVD #833

LAUDERHILL, FL 33351

(b) _____
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

ANDREW PATTEN

NEW Registered Office Address:

7860 W COMMERCIAL BLVD #900

LAUDERHILL, FL 33351

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Andrew Patten
Signature of a member or authorized representative of a member

ANDREW PATTEN

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept 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, I hereby confirm that the limited liability company has been notified in writing of this change.

Andrew Patten
Signature of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FL