K21000309126

•				
(Requestor's Name)				
(Address)				
(Address)				
(City/	/State/Zip/Phon	e #)		
	•	·		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Dusi	iness chuty Na	ne)		
(50				
(DOC)	ument Number	l		
Certified Copies	Certificate	s of Status		
Special Instructions to Filing Officer:				





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2022 APR 25 MINI: 07

COVER LETTER

	gistration Section vision of Corporations		
SUBJECT	R3J GROUP LLC		
SUBJECT		ame of Limited	I Liability Company
Dear Sir or	Madam:		
The enclose	ed Registered Agent/Registered (Office Change a	nd fee(s) are submitted for filing.
Please retur	rn all correspondence concerning	this matter to t	he following:
ROSI LUCE	EALVES		
	Name of Person		
TRUST SOI	LUTION TAX & BOOKKEEPPING	LLC	
	Firm/Company		
5950 LAKE	HURST DR SUITE 222		2022 <i>i</i>
	Address		2022 16 25
ORLANDO	- FL 32819		
	City/State and Zip Code	:	
ROSI@TRU	JSTSOLUTIONTAX.COM		0/
E-mai	l address: (to be used for future a	nnual report no	otification)
For further	information concerning this matt	er, please call:	
ROSI LUCE	EALVES	407 at (705-9147
	Name of Person		Area Code & Daytime Telephone Number
Rep Div P.C	gistration Section vision of Corporations D. Box 6327 Hahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
En	closed is a check for the followi	ng amount:	
	\$25 Filing Fee	٥	\$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.

210	7 CLAY ST	(b)	2107 CLAY ST
	Principal office address of limited liability compar (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
<u>K</u>	ISSIMMEE - FL 34741	<u>+</u>	KISSIMMEE - FL 34741
07/	06/2021		21000309126
-	Date of filing/registration in Florida	4.	Document number
SO	LUTION ADVISING LLC		
Reg	gistered Agent and Registered Office shown on the reco	ords of the Florida D	ept. of State:
	gistered Office Address (MUST BE FLORIDA STI	REET ADDRESS)	
OF	RLANDO	_, FL	
	UST SOLUTION TAX & BOKKEEPPING LLC		
	er name of <u>NEW Registered Agent</u> and/or <u>NEW Reg</u> 50 LAKEHURST DR	istered Office addre	ess:
NE	W Registered Office Address:		
SU	JITE 222		
OF	RLANDO	, FL	
e or o will i /ere a ticles	changes are made, the Florida street address of be identical. Or, in the case of a Florida limit	of the registered of the liability completes of the limited liability the limited liab	ate of Florida, it is hereby confirmed that after office and the business office of the registered pany, it is hereby confirmed that the change(s) and liability company or as otherwise provided in oility company. Printed or typed name of signee
	of a member or authorized representative of a member	<u> </u>	Las / Vanias III - Seuragas

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00

notified in writing of this change.

Signature of Registered Agent