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(Cit	y/State/Zip/Phone	#)
PICK-UP	MAIT	MAIL
(Bu:	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to I	Filing Officer:	
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12/16/21--01013--015 ++25.00



C. BRUMBLEY

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJEC	Groovy Angels LLC		
SOBOLO		Name of Limited	Liability Company
Dear Sir	or Madam:		
The encl	osed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.
Please re	turn all correspondence concerning	g this matter to th	e following:
Ingrid V	Roberts		
	Name of Person	•	<del></del>
Groovy A	Angels, LLC		
	Firm/Company		_ <del></del>
374 Lake	Dawson Place		
	Address		
Lake Ma	ry, FL 32746		
	City/State and Zip Co	de	<del></del>
lewis@lr	lawoffice.com		
E-r	nail address: (to be used for future	annual report not	ification)
For furth	er information concerning this ma	atter, please call:	
Lewis Ro	oberts	407 at (	749-0080
	Name of Person	(	Area Code & Daytime Telephone Number
] ] [	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
į	Enclosed is a check for the follow	ving amount:	
ĺ	■ \$25 Filing Fee	0	\$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.

. (a)		(b	o)
. (-)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	374 Lake Dawson Place		374 Lake Dawson Place
	Lake Mary, FL 32746		Lake Mary, FL 32746
	07/26/2021		L21000337846
٠.	Date of filing/registration in Florida	4.	Document number
(a)	Registered Agent and Registered Office shown on the records	of the Florida	a Dept. of State:
	Lewis Roberts, PA		
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS	5)
	1540 International Pkwy #2000		2021 DEC 16 AM 10: 56
	Laka Mary	FL_32746	DE
	Lake Mary	FL	
41.5			EC 16 AM
(b)	Enter name of NEW Registered Agent and/or NEW Register	red Office add	Idress:
			P. C.
	Ingrid V Roberts		
	NEW Registered Office Address:		
	374 Lake Dawson Place		
	Lake Mary	FL_32746	
			<del></del>
hange	imited liability company is not organized under the cor changes are made, the Florida street address of t will be identical. Or, in the case of a Florida limited	he registere	State of Florida, it is hereby confirmed that after the ed office and the business office of the registered ompany, it is hereby confirmed that the change(s)
vas/w	ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the	s of the lim	nited liability company or as otherwise provided in
ne ari	icies to organization of the operating agreement of the		rid V Roberts
Signa	nure of a member or authorized representative of a member		Printed or typed name of signee
	he assent the associational as assistant and a	igree to act	t in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accep. Chapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been