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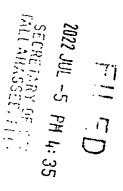
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP	☐ WAIT	MAIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	_ Certificates	s of Status				
Special Instructions to Filing Officer:						
	J. HOR	NE				
	OCT -5	2022				

Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: 22 HotchPotch, LLC	
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Melissa Jones	
Name of Person	
ZenBusiness Inc.	
Firm/Company	
336 E. College Ave. Suite 301	
Address	
Tallahassee, FL 32301	
City/State and Zip Code	
ra@zenbusiness.com	
E-mail address: (to be used for future annual re	port notification)
For further information concerning this matter, pleas	e call:
Melissa Jones at	844 493-6249
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street. Suite 810
,	Tallahassee. FL 32303
Enclosed is a check for the following amou	unt:
□ \$25 Filing Fee	□ \$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.

1.	Na	me of the limited liability company: 22 HotchP	otc	h, LLC	
2.		6421 NORTH FLORIDA AVENUE	-	6421 N	ORTH FLORIDA AVENUE
۷.	(a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	-		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		STE D PMB 1415		STE D	D PMB 1415
		TAMPA, FL 33604	- -	TAMP	PA, FL 33604
		08/11/2021		L21000	0361292
3.		Date of filing/registration in Florida	4.	•	Document number
5.	(a)	Registered Agents Inc.			_
		Registered Agent and Registered Office shown on the records of th	e Flori	da Dept, of State	:
		7901 4th St N			-
		Registered Office Address (<u>MUST BE FLORIDA STREET AI</u>	ODRE.	<u>72</u> 7	
STE 300				2022 SE SE	
		St. Petersburg ,FL	3702		
	(b)	ZenBusiness Inc			EUL -5 PH 4: 35
Enter name of NEW Registered Agent and/or NEW Registered Office address:					開門し
		336 E. College Ave.	•		
		NEW Registered Office Address:			-
		Suite 301			_
		Tallahassee , FL	2301		_
cha age wa the	inge ent v s/we arti	mited liability company is not organized under the laws or changes are made, the Florida street address of the revill be identical. Or, in the case of a Florida limited liability and affirmative vote of the members of cles of organization or the operating agreement of the li	egiste ility o the li mited	red office and company, it is mited liability liability com	If the business office of the registered is hereby confirmed that the change(s) by company or as otherwise provided in upany.
		lenny Kamínskí	<u>J</u>	enny Kam	
I h	nerel ovisi obl mere iifi e c	by accept the appointment as registered agent and agree on so of all statites relative to the proper and complete prigations of my position as registered agent as provided by reflect a change in the registered office address, I he writing of this change.	のサハハ	nanco at mu a	hities, and I am tamiliar with and accept