

L21 000 362 094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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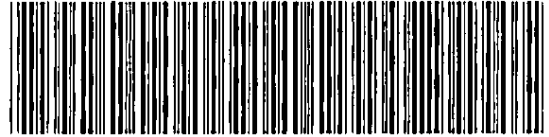
(Business Entity Name)

(Document Number)

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TO: Registration Section
Division of Corporations

SUBJECT: Awal enterprises LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Alicia Waldner
Name of Person

Awal Enterprises LLC
Firm/Company

815 Water Street Apt 2002 Tampa FL 33602
Address

Tampa FL 33602
City/State and Zip Code

aw@aliciawaldner.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alicia Waldner at (813) 470-1073
Name of Person Area Code & Daytime Telephone 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 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: Awal Enterprises LLC

2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

815 Water Street
Apt 2002 Tampa, FL 33602

815 Water Street
Apt 2002 Tampa FL 33602

3. 08/11/2021
Date of filing/registration in Florida

4. Lj1000362094
Document number

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

TH Registered agent, Inc
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

101 E Kennedy Blvd
Ste 2200 Tampa FL 33602

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

Alicia Waldner
NEW Registered Office Address:

1040 Biscayne Blvd

Unit 1701 Miami FL 33132

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.

[Signature]
Signature of a member or authorized representative of a member

Alicia Waldner
Printed or typed name of signer

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.

[Signature]
Signature of Registered Agent