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(Requestor's Name)	_					
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## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sold Street LLC fk. Name of Limite	d 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:
Wilder Kicker Name of Person	
Sobol Street LLC Firm/Company	
1023 E Broad Groet Address	<u> </u>
Tama, FL 33604 City/State and Zip Code	<del></del> _
E-mail address: (to be used for future annual report no	<mark>≁1</mark> otification)
For further information concerning this matter, please call:	
Name of Person at ( 7/	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:	
S25 Filing Fee	1 \$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: Cobo/	Street	26 C			
2. (a)				23 E Rr	oul L	Heat
~· (") -	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(17)	Mailir	ng address of limited l	lability con	ipany:
	Tamo, Fl 33604			Tampo, F.	<u> 733</u>	604
	B/18/21 Date of filing/registration in Florida		L21	1000371	127	
3.		4.	Doc	ument number		
5. (a)	Registered Agent and Registered Office shown on the records of t	he Florida Der	ot, of State:	Inc Avi	therity	KA
	1023 E Good Street			290 North Ute 230	'n WORL	e Ave
	Registered Office Address			Vte 230	10 -N	
				Oclando,	FL 3.	2301
		<del>2360</del>	4			
(b)	Wilder Ricker				<b>2023</b> JUL 20	÷ -
	Enter name of NEW Registered Agent and/or NEW Registered	Office addres	<u>s</u> :		JUL	
	- ) / (	,			20	- X
	_ 1023 E Broad Stree	<i>t</i>			<u> </u>	:.::,=
	NEW Registered Office Address:				AH (1: 2)	38 j.
					27	
	Tampa FL	236	04			
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the fill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members or cles of organization or the operating agreement of the	registered o bility compa f the limited	ffice and the my, it is here Hiability cor lity company	business office of ehy confirmed that upany or as otherwy.	f the regis it the char wise prov	stered ige(s)
Signati	ure of a member or authorized representative of a member			der Ric Ce ted or typed name of s	<u> </u>	
I herch	w accept the appointment as registered agent and agra	ee to act in t	his capacity.	. I further agree t	o comply	with the

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 of Registered Agent