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6.1.8 in 1.2 in 8:1.2



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 5 imbo Wings Name of Limited Liability Company	<u></u>
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:	
Jimmy Innocent Name of Person Timber Wings	
Simbo Wings Firm/Company	
101 N.E. 2CH St. Address	
Pompano Beach FL. 33064 City/State and Zip Code	
Jimmy Innicent 1013 59mail. Lom E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Jimmy Innocent at (954) 856-3944 Name of Person Area Code & Daytime Telephone N	
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, FL 323142415 N. Monroe Street, Suite 81Tallahassee, FL 32303	10
Enclosed is a check for the following amount:	
☑ \$25 Filing Fee	

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. N	ame of the limited liability company:	o Wi	ngs			
	101 N.E. 26+1 st.			OL NE	: 26th St	
2. (a)	Principal office address of limited liability company:	(17)		Mailing add	ress of limited liab	ility company:
	(Note: MUST BE STREET ADDRESS)		0		AY BE POST OF	
	Pomparo Beach FL. 33064		<u> Pon</u>	fan	BEACLE	2.33069
	8/30/2021		 L210	0038	6658	
3.	Date of filing/registration in Florida	4.		Documer	it number	
5. (a)	Jimmy Innocent					7
` '	Registered Agent and Registered Office shown on the records of	the Florida	Dept, of Sta	te:		-
				_		•
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS)				.*
	101 N.E. 26th st	 .		_		2
	Pomparo Beach	330	64			e: ۲٦
		·		_		7
(b)	Jimmy Innocent			_		
	Enter name of <u>NEW/Registered Agent</u> and/or <u>NEW Registered</u>	d Office add	ress:			
	101N.E. 26th St					
	NEW Registered Office Address:		.	_		
	·			_		
	Pompano Beach	1. 33e	064	_		
If the	limited liability company is not organized under the la	ws of the S	State of FI	orida, it is	hereby confirm	ed that after the
	e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited li					
was/w	ere authorized by an affirmative vote of the members	of the limit	ted liabilit	y compan	y or as otherwis	se provided in
the art	icles of organization or the operating agreement of the		•			
- Signa	ature of a member or authorized representative of a member		immy	Printed or	typed name of sign	nee
I here provis the oh to mer notifie	by accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as provide rely reflect a change in the registered office address, I d in writing of this change.	ree to act i performand d for in Cl	n this cap nce of my hapter 60:	acity. I fu duties, and 5, F.S. Or,	rther agree to c d I am familiar if this docume	comply with the with and accept nt is being filed