## 421 000 399 011

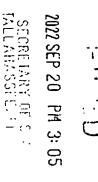
(Re	questor's Name)				
(Ad	dress)				
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(Cit	y/State/Zip/Phon	e #)			
PICK-UP	WAIT	MAIL			
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(Do	cument Number)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## COVER LETTER

Division of Corporations  CUTZBYLJ LLC	
SUBJECT:	of Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Offic	e Change and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to the following:
Sonia Becerra	
Name of Person	
Swyft Filings	
Firm/Company	
3 Greenway Plaza #1320	
Address	
Houston, TX 77046	
City/State and Zip Code	
filings@swyftfilings.com	
E-mail address: (to be used for future annu	al report notification)
For further information concerning this matter, p	please call:
Sonia Becerra	877 777-0450 at ()
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 a	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.

a) .	Principal office address of limited liability company:		b)	Mailing address of limited liability company:			
	(Note: MUST BE STREET ADDRESS)			(Note: MAY I	RE POST OFFICE	<u></u>	
		<del></del>					
	09/08/2021	_	1.21000399				
	Date of filing/registration in Florida	4.		Document nu	ımber		
(a)	LEGALCORP SOLUTIONS, LLC			<del></del>			
	Registered Agent and Registered Office shown on the records of	the Florid	a Dept. of Stat	lc	2		
	3440 W HOLLYWOOD BLVD, SUITE 415			<del></del>	922.		
	Registered Office Address (MUST BE FLORIDA STREET)	<u>ADDRES</u>	হ্য		2022 SEP 20 SECRETAR FALLAHASS	7	
	HOLLYWOOD	33021		<del>-</del>			
(b) .	Lavardis Anderson				3: 05	0	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office ac	ldress:		0.	•	
	9930 Cartsdate dr			_			
	<u>XEW</u> Registered Office Address:						
	Riverview	3357k		_			
	, FI			-			
ic li	mited liability company is not organized under the la- or changes are made, the Florida street address of the	ws of the	State of Fl	lorida, it is hen	eby confirmed the	at after I	
nť v	vill be identical. Or, in the case of a Florida limited li	ability co	ompany, it i	is hereby confi	rmed that the chi	inge(s)	
	re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the				as otherwise pro	viaca ii	
	Lavardis Anderson		Láva	<u>ardis Ar</u>	nderson		
-	ture of a member or authorized representative of a member				d name of signee		
gnal				anie. Limba	r agree to compl	. with t	

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00