121000429398

	Requestor's Name)	
(requestors marrier	
	Address)	
(Address)	
	 	<u></u>
(Address)	
(City/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies	Certificates of S	Status
Special Instructions	to Eiling Officer	
Special instructions	to Filing Officer.	
•		
		

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

	<u></u>
Run and Gets LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by:	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

COVER LETTER

TO: Registration Section Division of Corporations	
RUN AND GETS, LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Joanna Andrade, Esq.	
Name of Person	
EPGD Attorneys at Law, P.A.	
Firm/Company	
777 SW 37 Ave. Suite 510	
Address	
Miami, FI, 33135	
City/State and Zip Code	
joanna@epgdlaw.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please c	all:
Joanna Andrade 78	837-6787
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	S55 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. N	Jame of the limited liability company: RUN AND GET	S, LLC					
2. (a)	RUN AND GETS, LLC		RUN AND GETS, LLC				
2. (4)	Principal office address of limited liability company: (Nate: MUST BE STREET ADDRESS)			Mailing address (Note: MAY		-	• •
	200 SUNNY ISLES BLVD		200 SUNN	Y ISLES BLV	VD.		
	SUNNY ISLES BEACH, FL 33160		SUNNY IS	SLES BEACH	, FL 33		
	10/01/2021		L210004293	598			
3.	Date of filing/registration in Florida	— 4.		Document n	umber		
5. (a	ACCOUNTANT & MANAGEMENT, INC.						
<i>-</i> . (Registered Agent and Registered Office shown on the records of ACCOUNTANT & MANAGEMENT, INC.	f the Flo	rida Dept. of State	- e:			
	Registered Office Address (MUST BE FLORIDA STREET) 1549 NE 123RD ST	ADDR	ESS)	_			
	North Miami , F	L ³³¹⁶	l	-	- '	2022 DEC	
(b)	EPGD Attorneys at Law, P.A.				Ξ.	030	• 1
, ,	Enter name of NEW Registered Agent and/or NEW Registere	d Offic	address:	_	~	٥	
	EPGD Attorneys at Law, P.A.				:: :-: :-:	÷01 H	THE SECOND
	NEW Registered Office Address:			_	F 73	27	
	777 SW 37 Ave. Suite 510			_			
	Miami , F	L_3313.	5	~			
chang agent was/w the ar	limited liability company is not organized under the lage or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited livere authorized by an affirmative vote of the members ticles of organization or the operating agreement of the autre of a member or authorized representative of a member	e regis iability of the	tered office and company, it is limited liability	d the business s hereby conf y company or apany.	s office of irmed that as other os-Dubois	of the re at the cl wise pa	gistered hange(s)
I here provis the ob to me notific	eby accept the appointment as registered agent and agestions of all statutes relative to the proper and complete oligations of my position as registered agent as provide rely reflect a change in the registered office address. I sed in writing of this change.	ree to perfo ed for i hereb	act in this cape rmance of my e n Chapter 605 confirm that t	acity I furthe	er agree l	to conu	oly with the and accept being filed has been