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COVER LETTER

TO: Registration Section Division of Corporations	•				
SUBJECT: SRQ Consulting 941 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:					
Shaw Young Name of Person					
SRQ COROLATING 941 UC Firm/Company					
1888 MONO Street					
Sacrosota I-L 34231 City/State and Zip Code					
SROCONSULTING 941 O AMOUNT, com E-mail address: (to be used for future annual report no	otification)				
For further information concerning this matter, please call:					
Sham You at (94)	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. Na	ame of the limited liability company: \underline{SPQ} \underline{Q}	<u>poétlik</u>	941 LIC
		(b)	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	, , <u></u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	1999 Main Strept	101	IQA Mnin alnost
	Smrusota FL 34231	Shr.	manda [1 21122]
	PULLETA, PC (AN)	بالمامذ	WING PC SYRI
	10/12/2021	L21	1000 44 6258
3.	Date of filing/registration in Florida 4.		Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Flo	11.15	
	thind and registered office shown on the records of the rice	Officia Dept. of	r State:
	Registered Office Address (MUST BE FLORIDA STREET ADDR	エフィエコ(
	5575 S. Semoran Blub, Sul	ITE#2	6
	<u>00-10000</u> , FL 32	2822	
(b)	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:	
	Λ\α \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		OF R
	Shain kon		2: 50 E. FL
	NEW Registered Office Address:		m —
4	1000 14000 31100		_
	Sarusota , FL 3	4231	
If the li	limited liability company is not organized under the laws of	the State of	of Florida, it is hereby confirmed that after the
change	e or changes are made, the Florida street address of the regis will be identical. Or, in the case of a Florida limited liability	stered office	e and the business office of the registered
was/wç	ere authorized by an affirmative vote of the members of the icles of organization or the operating agreement of the limit	limited fiab	bility company or as otherwise provided in
	LL. CA)	Shaun	1 Pop
	aure of a member or authorized representative of a member		Printed or typed name of signee
i neret provision the Abl	by accept the appointment as registered agent and agree to ions of all statutes relative to the proper and complete perfolligations of my position as registered agent as provided for ell-reflect a change in the redistered office address. I hereb	act in this cormance of i	capacity. I further agree to comply with the my duties, and I am familiar with and accept 605 F.S. Or, if this document is being 6124
to meri novifica	ell reflect a change in the redistived office address, I hereb to writing of this change.	y confirm th	that the limited liability company has been

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