L21000466463

(Re	equestor's Name)	
(Ad	idress)	_
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	#)
<u></u>	WAIT	_
(Bu	siness Entity Nam	ne)
(Dx	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only

A. RIVERS FEB 2 0 2023



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11/15/22-31/ 7-20/ 4-25/



COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJI	TrudatCanSellThat LLC		
	N	lame of Limited L	iability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered C	Office Change and	fee(s) are submitted for filing.
Please	return all correspondence concerning	this matter to the	following:
Fernan	do Padilla		
	Name of Person		_
Trudat0	CanSellThat LLC		
	Firm/Company		_
100 So	thpark Blvd, Suite 201		
	Address		
St Aug	istine, FL 32086		
	City/State and Zip Code		
flip@tr	udateansellthat.com		
E	-mail address: (to be used for future a	nnual report notifi	cation)
For fur	ther information concerning this matte	er, please call:	
Fernanc	do Padilla	904 at (553-6320
	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	ng amount:	
	■ \$25 Filing Fee	□ \$5	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	time of the limited liability company:	LLC					
2. (a)	TrudatCanSellThat LLC		100 Southp	park Blvd, STE	201. St A	Augustin	e. FL 32086
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_		Mailing address of (Note: MAY BI			
	100 Southpark Blvd, Suite 201		100 Southp	oark Blvd, Suite	201		
	St Augustine, FL 32086	_	St Augustin	ne. FL 32086			
	10/27/21		L210004669	63			
3.	Date of filing/registration in Florida	4.		Document nun	ıber		
5. (a)	Cheyene Moseley						
, (u)	Registered Agent and Registered Office shown on the records of the	ne Flori	da Dept. of State	- !:			
	United States Corporation Agents, Inc.						
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE.	<u>SS)</u>	•			
	5575 S Semoran Blvd 36						
	Orlando , FL	32822		-			
(b)	Fernando Padilla Enter name of NEW Registered Agent and/or NEW Registered C TrudatCanSellThat LLC	Office a	iddress;				
	NEW Registered Office Address:			•			
	100 Southpark Blvd, Suite 201						
	St Augustine, FL	32086		-	÷;.	2122 :	- · · · · · · · · · · · · · · · · · · ·
hange igent w vas/we he arti	imited liability company is not organized under the laws or changes are made, the Florida street address of the rivill be identical. Or, in the case of a Florida limited liability authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability and the liability of the liability and	egiste oility c the li- imited	red office and company, it is mited liability	I the business of hereby confirm company or a pany.	office of ned that	the reg	istered ange(s)
Signat	ure of a member of authorized representative of a member			Printed or typed t	name of s	ignee	
provisi he obli o mere	by accept the appointment as registered agent and agresions of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I had in writing of this change.	e to ac erform for in ereby c	et in this capa nance of my a Chapter 605, confirm that t	icity. I further luties, and I am . F.S. Or, if thi he limited liabi	agree to Familio 8 docun Hity con	comply or with a ment is b pany h	y with the and accept peing filed as been

Signature (Regist