L21000 H73 814

(Reque	stor's Name)				
(Addres					
(Addres	ss)				
(City/State/Zip/Phone #)					
PICK-UP	WAIT	MAIL			
(Business Entity Name)					
(Docum	nent Number)				
Certified Copies	Certificate	s of Status			
Special Instructions to Filing Officer:					





100404582661

COVER LETTER

INHS18 (2/14)

то:	Registration Section Division of Corporations						
SUBJ	TEAM NEAL ENTERPRISES LI	.C					
вова.	Name of Limited Liability Company						
Dear S	ir or Madam:						
The er	iclosed Registered Agent/Registered C	Office Change and	fee(s) are submitted for	r filing.			
Please	return all correspondence concerning	this matter to the	following:				
МІСН.	AEL J NEAL						
	Name of Person						
TEAM	NEAL ENTERPRISES LLC						
	Firm/Company		<u> </u>	ې ن			
15736	WOODGATE COURT						
	Address	 		, T			
SUNR	ISE, FL 33326	•		- :			
	City/State and Zip Code	·		:			
TEAM	NEALENTERISESLLC@GMAIL.COM			ī			
E	-mail address: (to be used for future a	nnual report notif	ication)				
For fur	ther information concerning this matte	er, please call:					
MICH	AEL J NEAL	954 at (673-6219				
	Name of Person	ut (Area Code & Daytim	e 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	□ \$	55 Filing Fee & Certifie	d 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	ame of the limited liability company: TEAM NEAL E	NTERP	RISES	S LLC			
2. (a)	15736 WOODGATE COURT		(b) 1	5736 WOODGAT	TE COURT		
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(~)_	-	ddress of limited liability company: MAY BE POST OFFICE BOX)		
	SUNRISE, FL 33326		S	UNRISE, FL 3332	26		
	11/02/2021		L2	1000473814			
3.	Date of filing/registration in Florida	4.		Docume	ent number		
5. (a)	PERRY D MONIOUDIS						
2. (2)	Registered Agent and Registered Office shown on the records of 1398 SW 160TH AVENUE #102	f the Flor	da De	pt, of State:			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			_			
	WESTON , FI	33326			10. C.		
(b)	MICHAEL J NEAL						
	Enter name of NEW Registered Agent and/or NEW Registered	d Office :	ıddres	<u>ss</u> :			
	15736 WOODGATE COURT						
	NEW Registered Office Address:						
							
	SUNRISE . FJ	33326					
change agent v was/we	imited liability company is not organized under the law e or changes are/made, the Florida street address of the will be identical. Or, in the case of a Florida limited line ere authorized/by/art affirmative vote of the mombers of icles of organization or the operating agreement of the	registe ability of of the li	red o omp: mited	ffice and the bus any, it is hereby Hiability compa	siness office of the registered confirmed that the change(s)		
		М	СНА	EL J NEAL			
	ture of a member or authorized representative of a member		_		r typed name of signee		
I here provisi the obl to mere notified	hy accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of nh position as registered agent as provided by reflect a change in the registered office address. It is a writing of this change.	ree to ac perforn d for in hereby (ct in t nance Chaj confu	this capacity. If, e of my duties, ar oter 605, F.S. O om that the limite	norther agree to comply with the ad I am familiar with and accept r, if this document is being filed ad liability company has been		
Signatu	re of Registered Agen						

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