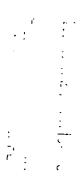
L21 000 493 H9

(Requestor's Name)						
(Address)						
(Address)						
	_					
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(2002						
Certified Copies Certificates of Status	_					
Special Instructions to Filing Officer:						
Office tice Only						



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03/27/23--01013--029 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations								
SUBJI	Deals For You 626 LLC								
	Name of Limited Liability Company								
Dear S	ir 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:							
Patric	k L Quach								
	Name of Person								
Deals	For You 626 LLC								
	Firm/Company								
936 L	a Costa Cir Unit 2								
,	Address								
SARA	ASOTA FL 34237								
-	City/State and Zip Code								
	k@dealsforyou626.com								
6	-mail address: (to be used for future annua	al report notification)							
For fur	ther information concerning this matter, p	lease call:							
_P	atrick Quach	at (626) 202-8457							
,	Name of Person	Area Code & Daytime Telephone Number							
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327							
	2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314							
	Enclosed is a check for the following amount:								
	\$25 Filing Fee	\$55 Filing Fee & Certified Copy							

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INHS18 (2/14)

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

	me of the limited liability company: 936 La Costa Cir Unit 2		(1.)	936 La (Costa Cir Unit 2
. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	SARASOTA FL 34237			SARASO	OTA FL 34237
	11/10/21		ι	2100049	3149
. (a)	Date of filing/registration in Florida Patrick Quach	4.	-		Document number
. (u)	Registered Agent and Registered Office shown on the records 936 La Costa Cir Unit 2	s of the Flo	orida	Dept, of State	- ::
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDR	ESS)		
	Sarasota	FL_342	37		
(b)	Northwest Registered Agent LLC				_
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N	ered Offic	e add	ress:	
	NEW Registered Office Address: STE 300				
	St. Petersburg	337 FL	02		
ne cha gent v /as/we ne arti	imited liability company is not organized under the nge or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited attended by an affirmative vote of the member cles of organization or the operating agreement of the united attended in the operating agreement of the operation	s of the r d liabilit rs of the the limit	egist y cor limi ed li	ered office npany, it is ted liability	e and the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in apany.
-	by accept the appointment as registered agent and ons of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address I in writing of this change.	agree to lete perfo ided for ., I hereb ant Secr	act orma in C y co etar	in this cape nce of my b hapter 605 nfirm that	-

Signature of Registered Agent