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To:

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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LLC REGISTERED AGENT CHANGE CENTRAL CALHOUN, LLC

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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	me of the limited liability company:	n,ILC ————				
2. (a)	12895 SW 132 ST., MIAMI, FL 33186	(b)	12895 SW 132 ST.			
z. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing at (<u>Note:</u>	ddress of limited li MAY BE POST O	ability o	отрапу: <i>ВОХ</i>)
	12/09/2021		21000518520	<u>. </u>		
3.	Date of filing/registration in Florida	_{4.} –	Docum	ent number		
	CORPORATION SERVICE COMPANY					
5. (a)	Registered Agent and Registered Office shown on the records	of the Florida D	ept. of State:			
	1201 HAYS ST					
	Registered Office Address (MUST BE FLORIDA STREE	T ADDRESS)				
	TALLAHASSEE	FL_32301			20	
(b)	Corporate Creations Network Inc.				NOF 2202	ž.
()	Enter name of NEW Registered Agent and/or NEW Register	red Office addi	<u>'ess</u> :			
	801 US Highway !			:	3	FISH ROY
	NEW Registered Office Address:			* 1 1 	± 8: 2:	
	North Palm Beach	FL_33408	·		ယ	
agent was/w the ar	limited liability company is not organized under the e or changes are made, the Florida street address of twill be identical. Or, in the case of a Florida limited the earthorized by an affirmative vote of the member ticles of organization or the operating agreement of the street in the case of the street authorized by an affirmative vote of the member ticles of organization or the operating agreement of the street authorized by the street aut	the registered is of the limit the limited list	npany, it is hereby ted liability comp ability company.	y confirmed that any or as other	it the c	hange(s)
- City	ature of a member or authorized representative of a member	Arian	a Turoski, Attorne Printed	or typed name of	gignes	
I her provi	eby accept the appointment as registered agent and a sions of all statutes relative to the proper and comple ligations of my position as registered agent as provi- rely reflect a change in the registered office address,	agree to act i ele performa ided for in Ci I hereby coi				ply with the h and accept being filed has been
the ot to me notifi	rely reflect a change in the registered office data ess, ed in writing of this change.	,				