## L22000002046

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

Office Use Only



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2022 HO; -9 PH 12: 22

## Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 11/9/2022	**WALK IN**
ENTITY NAME CYBER	
DOCUMENT NUMBER_	
	**PLEASE FILE THE ATTACHED AND RETURN**
XXXXXXX	Plain Copy
	Certified Copy
	Certificate of Status
***	CLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY**  Certified Copy of Arts & Amendments
	Certified Copy of Arts & Amendments Complete File (Including Annual Reports)
	Certificate of Status
	Certificate of Status Reflecting:
	**APOSTILLE' / NOTARIAL CERTIFICATION**
COUNTRY OF DESTINATION NUMBER OF CERTIFICATE	
	5 11-401-51-12
TOTAL OWED \$25.00	ACCOUNT # 120160000072 4: 1
Please call Tina at the	above number for any issues or concerns. Thank you so much!

## 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.

l. Nai	me of the limited liability company: CYBER A	NUTO SAL	ES LLC		
2. (a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 214 TARANTO WAY		
()			Mailing add	ress of limited liability company: (AY BE POST OFFICE BOX)	
	LAKELAND, FL 33801		KISSIMMEE, FL 34758		
	12/23/2021		L22000002046		
3.	Date of filing/registration in Florida	4.	Docume	nt number	
5. (a)	BROWN, DAVID J				
J. (a)	Registered Agent and Registered Office shown on the recor	da Dept, of State:	· · · · · ·		
	214 TARANTO WAY			<b>097</b>	
	Registered Office Address (MUST BE FLORIDA STR.	<u>SS)</u>	TALLAHASSEE.		
	KISSIMMEE	EE34758			
(b)	Incorporating Services, Ltd.		A III SS		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	tered Office :	ddress:		
	1540 Glenway Drive				
	NEW Registered Office Address:				
	Tallahassee	, <sub>FL</sub> 3230	1		
the char agent w was/we	mited liability company is not organized under the result of the members of organization or the operating agreement of the result of the resul	ss of the reg ed liability ers of the li	istered office and the company, it is hereby of mited liability compan	business office of the registered confirmed that the change(s)	
	David Brown ure of a member or authorized representative of a member		avid Brown		
Signat	are of a member or authorized representative of a member		Printed or	typed name of signee	

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

Renee T. Kent, Assistant Secretary
Signature of Registered Agent

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