## W220000 11955

(Requestor's Name)					
(Add	dress)				
	·				
	d)				
(Address)					
(City	y/State/Zip/Phone	e #)			
_		_			
PICK-UP	☐ WAIT	MAIL			
(Ru	siness Entity Nan	nel			
(Du-	omess Entry Ham				
(Do	cument Number)				
Certified Copies	Certificates of Status				
<b>.</b>					
Special Instructions to I	Filing Officer:				
1					
J. HORNE					
APR 1 4 2022					
	Arn II b				
<u> </u>					

Office Use Only



900384500469

03/30/22--01009--019 \*\*25.00



## COVER LETTER

TO: Registration Section Division of Corporations	
Arise Coordination LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Britny Compton	
Name of Person	
Arise Coordination LLC	
Firm/Company	
5836 12th St	
Address	
Zephyrhills, FL 33542	
City'State and Zip Code	
britny@arisecoordination.com	
E-mail address: (to be used for future annual report	rt notification)
For further information concerning this matter, please of	all:
Britny Compton S1	13 578-7372
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 amount	::
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
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.

1. N	ame of the limited liability company: Arise Coordin	ation LLC				
2. (a)	(b) Britiny Compton					
<u>.</u> . ,,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)			
			5836 I	2th St		
			Zephyi	rhills, FL 33542		
	3/28/2022		L220000	011985		
3.	Date of filing/registration in Florida	4.		Document nun	ıber	
5. (a)	United States Corporation Agents, Inc.					
-/- (a)	Registered Agent and Registered Office shown on the records	of the Flor	ida Dept. of	State:		
	United States Corporation Agents, Inc					
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRE	<u>(3.5)</u>			
	5575 S. Semoran Blvd 36				TA'S	
	Orlando	FL 32822			! ) <b>22                                   </b>	
(b)	Britny Compton				FIL 2022 MAR 30 SECRETARY ALLAHASSEI	
	Enter name of <u>NEW Registered Agent</u> and or <u>NEW Register</u>	red Office	address:			
	Britny Compton				PH IZ: 09	
	NEW Registered Office Address:				09	
	5836 12th St					
	Zephyrhills	FL_33542				
change agent was/w was/w the art the art I here provisi the obi to mer	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member icles of organization or the operating agreement of the unit of a member of all statutes relative to the proper and completing atoms of all statutes relative to the proper and completing of the confidence of the province of a member of all statutes relative to the proper and completing of the change in the registered office address, d'in writing of this change.	the registe Hiability is of the li he limited	red office company. mited liah l liability of Brit	and the business of it is hereby confirm of its company or as company.  Printed or typed reconnective I further of the printed or typed reconnective I further of the printed or typed reconnective I further or typed reconne	office of the registered ned that the change(s) is otherwise provided in hamme of signee	

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