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(Requestor's Name) (Address) (Address)	600399798486	
(City/State/Zip/Phone #)	01/03/28++01027+-010++95-00	
(Business Entity Name) (Document Number) Certified Copies Certificates of Status		
Special Instructions to Filing Officer:	-9 PH 1: 17 ASSEE, FL	
Office Use Only		

## COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: \_\_\_\_Anesco, LLC

Name of Limited Liability Company

Dear Sir or Madam:

-۰.

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Kregel

Name of Person

Kelleher + Holland, LLC

Firm/Company

102 S. Wynstone Park Drive

Address

North Barrington, IL 60010

City/State and Zip Code

ckregel@kelleherholland.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carol Kregel	847 713-1355 at ( )
Name of Person	Area Code & Daytime Telephone Numbe
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303

\$25 Filing Fee

□ \$55 Filing Fee & Certified 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.

(a)	12151 62nd Street N	(	b) <u>12151 6</u>	o2nd Street N
• •	Principal office address of limited liability company: ( <i>Note: MUST BE STREET ADDRESS</i> )	(	-,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Unit 5		Unit 5	
	Largo, FL 33715		Largo, F	FL 33715
	1/5/2022		L2200001	13845
	Date of filing/registration in Florida	4.		Document number
(a)	Michael Gnesin			
. ,	Registered Agent and Registered Office shown on the records o 110 SE 6th Street	f the Florid	la Dept. of S	tate:
	Registered Office Address (MUST BE FLORIDA STREET	ADDRES	<u>(S)</u>	10,
	Suite 1729			
	Fort Lauderdale, F	L_33301		
(b)	Darren Mills			-9 PH I: 17 MASSEE.FL
、,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ddress:	E.T.
	1100 5th Avenue South			LATE 17
	NEW Registered Office Address:			
	Suite 410			
	Naples	L		

gnature 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.

2m Mill Signature of Registered Agent

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

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