Laa00000 20195

(Requestor's Name)					
(Address)					
(Address)					
(1	City/State/Zip/Phone #)				
☐ PICK-UP	WAIT MAIL				
(Business Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
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08/23/24--01010--025 **25.00



COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Poolside Pool Guys LLC ECT:						
	Na	me of Limited Lia	bility Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered Of	fice Change and fe	ee(s) are submitted for filing.				
Please	return all correspondence concerning th	nis matter to the fo	ollowing:				
Joshua	ah Matos						
	Name of Person		_				
Poolsid	de Pool Guys						
	Firm/Company		_				
86095	Venetian Ave						
	Address						
Yulee.	FL 32097						
	City/State and Zip Code		_				
joshua	hmatos@yahoo.com						
E	-mail address: (to be used for future and	nual report notific	ation)				
For fur	ther information concerning this matter	. please call:					
Joshua	ah Matos	904 at (329-6131				
	Name of Person		Area Code & Daytime Telephone Number				
	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				
	Enclosed is a check for the following	; amount:					
	☑ \$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.

1. N	ame of the limited liability company:	uys					
2. (a)	86095 Venetian Ave			(b) 86095 Venetian Ave			
2. (4)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		***		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
	Yulee. FL 32097	_		Yulee. FL	32097		
	01/03/2023		l	.22000020	795		
3.	Date of filing/registration in Florida	4.	-		Document number		
o. (a)							
. (α)	Registered Agent and Registered Office shown on the records of ZENBUSINESS INC.	the Flori	ida l	Dept. of Stat			
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			202 4			
	336 E. COLLEGE AVE SUITE 301				E1 2024 AUG		
	TALLAHASSEE . FL	32301			- 23 F		
	· · · · · · · · · · · · · · · · · · ·				A CO ST		
(b)							
	Enter name of NEW Registered Agent and/or NEW Registered	Office s	add	ress:	12 July 10 Jul		
	Joshuah Matos				. ∴ ∪		
	NEW Registered Office Address:			•	-		
	86095 Venetian Ave				_		
	Yulee . FL	32097	,		_		
thange agent v was/we the arti	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liagree authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	registe bility of the li limited	con imi Hii	l office and apany, it is ted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in		
Signa	ture of a member or authorized representative of a member	_			Printed or typed name of signee		
provisi the obli to mer notifie	by accept the appointment as registered agent and agrions of all statutes relative to the proper and complete ligations of my position as registered agent as provided ely reflect a change in the registered office address, I have a change in the registered office address, I have a change.	ee to ac perform I for in vereby	ct i mai Ci coi	n this cape ice of my e aapter 605 ifirm that i	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been		
	<u></u>						
Signatu	re of Registered Agent						