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A. RAMSEY

A. RAMSEY MAR OF 2023

COVER LETTER!

TO: Registration Section **Division of Corporations** A PONDERS PRECISION PROOFS LLC Name of Limited Liability Company Dear Sir or Madam: The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Sydney Grice Name of Person Anderson Business Advisors Firm/Company 3225 McLeod Drive, #100 Address Las Vegas, NV 89121 City/State and Zip Code ra@andersonadvisors.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Sydney Grice 800 7064741 Name of Person Area Code & Daytime Telephone Number STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301 Enclosed is a check for the following amount:

□ \$55 Filing Fee & Certified Copy

☑ \$25 Filing Fee

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: A PONDERS	PREC	SIS	ISION PROOFS LLC
2.	(a)	3225 McLeod Dr, Suite 100	(1	b)	3225 McLeod Dr, Suite 100
	(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(.	·· / .	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		Las Vegas, NV 89121	_	_	Las Vegas, NV 89121
			_	-	
		01/28/2022		L	L22000050418
3.		Date of filing/registration in Florida	4.		Document number
5.	(a)	PONDERS, ANGIE			
	()	Registered Agent and Registered Office shown on the records of the	ne Florid	a L	Dept. of State:
		<u> </u>			
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
		186 N PALAFOX ST			(C2) [L
		PENSACOLA , FL	32502)	FILED PHE
	(b)	Anderson Registered Agents, Inc.			E STATE S
	, , ,	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>	Office ad	idr	
		625 E. Twiggs Street, Suite 110			
		NEW Registered Office Address:			
			·· <u></u>		
		TampaFL	33602		
the age was the	cha nt w s/we artic	mited liability company is not organized under the law nge or changes are made, the Florida street address of trill be identical. Or, in the case of a Florida limited lial re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the ley Grice	the regi bility co `the lin imited	ste orr nite lia	stered office and the business office of the registered ompany, it is hereby confirmed that the change(s) aited liability company or as otherwise provided in
		ure of a member or authorized representative of a member			Printed or typed name of signee
pro the to n not A. I.	visie obli ngre	C. I. Comm. And Andrews in Co.	e to ac perform for in (ereby c	t ir tan Ch ron	in this capacity. I further agree to comply with the ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being filed onfirm that the limited liability company has been

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

Signature of Registered Agent