## L22000069752

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(233
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Special instructions to Filing Officer.

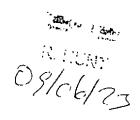
Office Use Only



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09/06/23--01012--007 \*\*25.00

2023 SEP -6 PH 12: 40



## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SHRI	Olive Opal & Co. LLC								
SUBJECT: Name of Limited Liability Company									
Dear	Sir or Madam:								
The e	nclosed Registered Agent/Registered	Office Change an	d fee(s) are submitted for filing.						
Please	e return all correspondence concerning	g this matter to the	e following:						
Lisa C	lwens								
	Name of Person		<del></del>						
Olive	Opal & Co. LLC								
	Firm/Company			20					
1204 \$	S Broad St STE 242			2023 SEP -6					
	Address		<del></del>	9- d					
Brook	sville, F1, 34601			79					
	City/State and Zip Coo	de		PH 12: 40					
oliveo	palandco@gmail.com			0					
	E-mail address: (to be used for future	annual report not	ification)						
For fu	irther information concerning this ma	tter, please call:							
Lisa C	owens	352 at (	650-8456						
	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 follow	ving 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.

) .	1204 S Broad St STE 242 Brooksville, FL 34601 (b)		94 S Broad St STE 242 B	nd St STE 242 Brooksville, FL 34601	
,	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		, ,	-	of limited liability company: BE POST OFFICE BOX
	03/10/2023	_		000/0752	
	02/10/2022  Date of filing/registration in Florida	_ ,	1.220	00069752 Document nu	·····
	Registered Agents Inc.	4.		Document nu	imper
a)	Registered Agent and Registered Office shown on the records of	Ctha Flor	do Dont	of State	
	7901 4TH Street N Suite 300	ane i ioi	ida izejit	vi State,	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRF	SS)		
	ENGLISH AND				
	St Petersburg , F	1.33702			DIVISION ? 2023 SEP
)	Lisa M Owens				<ul><li>1 円割</li></ul>
,	Enter name of NEW Registered Agent and/or NEW Registere	d Office	ddress:	:	<b>ර</b> වූඩු   කු සිදු:
	1204 S Broad St STE 242				WES 251 40 PM 12: 40
	NEW Registered Office Address:			·	<b>0</b> -
	Brooksville	. 34601		<del></del>	
	F F	[, <u></u>		<del></del>	
ge We rtie	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li are authorized by an affirmative vote of the members cles of organization or the operating agreement of the	e registe lability ( of the li : limited	red off compar mited i	fice and the business ny, it is hereby confi liability company or ity company.	office of the registered rmed that the change(s)
	ure of a member or authorized representative of a member	_		Printed or type	d name of signee
1	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address, I	ree to a	ct in th	us capacity. I furthe of my duties, and I a	r agree to comply with t im familiar with and acc