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Office Use Only



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COVER LETTER

Division of Corporations	
SUBJECT: Costins on The Name of Limited Liab	o () C
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the fol	lowing:
Name of Person	-
Firm/Company	_
Address Rea Rabil Fl City/State and Zip Code	-
E-mail address: (to be used for future annual report notifies.) For further information concerning this matter, please call:	ation)
Daniel Leo at (561) 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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

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.

	0 0 0	ς . Υ	-fa	0. 1	110		
1. N	ame of the limited liability company:	<u>Un</u>	(VQ	<u> 20 1</u>			
2. (a)	6478 VIA BenitA	(b)	(P)	<u> 78 Vi</u>		nita	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			g address of lin te: <u>MAY BE P</u>			
	Bron Do tol 81 231122	Po	~ \\ \(\)	Da devi	E1	<u> </u>	\ 3 <i>z</i>
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	$C \in U \cap \Omega$		10	20000	20/	21	_
	- 4e6 11, 20 2 C					<u>,) </u>	<u> </u>
3.	Date of filing/registration in Florida 4.	04-	Doc	ument numb	er		
5. (a		711C					
	Registered Agent and Registered Office shown on the records of the Flor	rida Dept. of : •	State:				
	3440 w Hollywood sh	<u> </u>					
	Registered Office Address (MUST BE FLORIDA STREET ADDRI	<u>ESS)</u>					
	5.16 415				57		
	thllerwood EL 3	2021			É	2022 JUL	
	DIGOTO				<u> </u>	IJ	
(b)	TAXIO I LEO				0.7		<u></u>
ω,	Enter name of NEW Registered Agent and/or NEW Registered Office	address:			(0) - (11) - (21)	5	' .
	6478 via BenitA				FLORID.		
	NEW Registered Office Address:				ë. DA	28	
	BOCA RATION &						
		7020	٦.				
		272/	<u> </u>				
If the	limited liability company is not organized under the laws of	the State of	f Florida	, it is hereby	confirmed	I that afi	ter the
chane	or changes are made, the Florida street address of the regis will be identical Or, in the case of a Florida limited liability	tered office	e and the	: business of	fice of the	register	ed
was/v	vere authorized by an affirmative vote of the members of the ticles of plganization or the operating agreement of the limits	limited liab	hility co	mpany or as	otherwise	provide	din
the ar	tleles of organization or the operating agreement of the limit	ed hability					
- Ci	nature of a member of authorized representative of a member		Di-A Prii	ited or typed na	me of signer		
6.	and the same and an annine and an and an and the	act in this	ecuserin	. I further e	aree to co.	առի։ ան	th the
provi the o the notifi	envaccept the appointment as registered agent that agree to sions of all statues relative to the proper and complete perfobligations of myposition as registered agent as provided for a religious reflect a change in the registered office address, I herebied in viriting of this change.	rmance of in Chapter y confirm t	my dutie 605, F. hat the l	es, and I am S. Or, if this imited liabil	familiar w document ity compar	ith and a is being iy has ba	accept filed gen
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Siyma	pare of Registered Agent						