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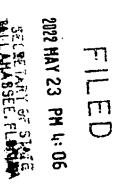
(Requestor's Name)	
(Address)	
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: PRIMESTERTY aCTIONS LLC	
Name of Limited L	iability 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:
Thuman Alexis Name of Person	
Painest Extract 100511C Firm/Company	
1609 Prosperity farms rd,	_
West Palm Deach, 33403 City/State and Zip Code	_
E-mail address: (to be used for future annual report notifi	cation)
For further information concerning this matter, please call:	
Thaman Alais at (56) Name of Person	921-7026 Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enclosed is a check for the following amount:	
\$\sqrt{\$25}\$ Filing Fee \$\sqrt{\$5}\$	5 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.

1. Name of the limited liability company: TAUMESTEXTUACTIONS !! C
2. (a) 1009 Prosperity forms rd, (b) 1400 Village Blvd Pot Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
West Palm Beach, FL, 53403 608 West palm Beach,
FL 33409
02/11/2022 622 0000 71430
3. Date of filing/registration in Florida 4. Document number
5. (a) Lenay Laguerre
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
<u>_</u>
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
1400 VIIIa que Biva APt 603
Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 1400 VIII a ga biva Alt 603 West Palm Beach FL 33409
TOWN TO THE TOWN THE
(b) Thaman ArexiS
(b) TNAMAN ARXIS Enter name of NEW Registered Agent and/or NEW Registered Office address:
NEW Registered Office Address:
1609 Prosperity Forms to
west pain beach, FL 33403
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the articles of organization or the operating agreement of the limited liability company.
Signature of a member or authorized representative of a member Maman Alexi S Printed or typed name of signee
traited of typed fiame 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 notified in meriting of this chapter.

notified in writing of this change.

Signature of Registered Agent