## L2200082976

(Manuschada Nassa)						
(Requestor's Name)						
(Address)						
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(City/State/Zip/Phone #)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
(Sociality (Sociality)						
Certificates of Status						
Special Instructions to Filing Officer:						
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Office Use Only



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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.

	me of the limited liability company: 4622 SE 35th Place, Ocala FL 34480	same (b)	
(a)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	02/21/2022		32976
S.,	Date of filing/registration in Florida	4,	Document number
	Registered Agent and Registered Office shown on the records of the second of the secon		State;
(b)	Brest Fish	34480	2021 S.E.
	Enter name of NEW Registered Agent and/or NEW Registered  6410 NG 25th Ave.  NEW Registered Office Address:	SECRE LANGE	
	NEW Registered Office Address.		Marsing 13
	Ocala FL	34479	- 一
hange igent v vas/we	mited 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 liabre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office bility company, if the limited liability c	and the business office of the registered t is hereby confirmed that the change(s) litty company or as otherwise provided in ompany.
E	are of a member of authorized representative of a member	Brent	Fig. Printed or typed name of signee
horal	by account the approjectment as registered agent and age	on to act in this c	anacity. I further garge to comply with the
provisi he obl. o merc	by accept the appointment as registered agent and agri- ons of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I k I in writing of this change.	performance of m I for in Chapter 6 vereby confirm the	apacity. I father agree to comply with the ty duties, and I am familiar with and accep 105, F.S. Or, if this document is being filed at the limited liability company has been

Division of Corporations ◆ P.O. Box 6327 ◆ Tallahassee, FL 32314 F1LING FEE: \$25.00

Signature of Registered Agent