L22000087944

(Requestor's Name)		
(Address)		
(/1461033)		
(Address)		
(City/State/Zip/Phone #)		
(City/State/2)pr=None #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
July 28		





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03/15/23--01024--015 **35.00

2023 F.1 28 F.1 E. F.6

COVER LETTER

Registration Section Division of Corporations

TO:

INHS18 (2/14)

Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and fe	c(s) are submitted for filing.
Please return all correspondence concerning this matter to the following	lowing:
RObin R Brodley Name of Person	-
Firm/Company	-
7507 Tangle Rush Dr	- ~
Gity/State and Zip Code	973 JI 26
E-mail address: (lo be used for future annual report notific	ation)
For further information concerning this matter, please call:	# 6
Robin Brodley at (334)	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
	Viously Paid, See attached correspondence 5 Filing Fee & Certified Copy
a pay i mig i co	

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:	etle's Lustom Creations LLC
2. (a) 7507 Tangle Rush Or	(b) 7507 Tangle Kush Dr.
Principal of the address of limited liability company (Note: MUST BE STREET ADDRESS)	Mailing address of Minited liability company: (Note: MAY BE POST OFFICE BOX)
N.1 1 701	Gibsonton FL 33534
bibsonton, FL 33534	
02 23 2022	Laa000087944
3. Date of filing/registration in Florida	4. Document number
5. (a) <u>Lieser Skoff Alexander</u>	PLLC
Registered Agent and Registered Office shown on the record	as of the Pionua Dept. of State.
Registered Office Address (MUST BE FLORIDA STR)	EET ADDRESS)
403 N. Howard Avenue	33106
	FL 33106
	28
(b) Kobin K. BROKY Enter name of NEW Registered Agent and/or NEW Regis	torod Office address:
	? ∵ ?
1501 Tangle Rush Dr.	<u> </u>
NEW Registered Office Address:	
Liberaton	FL 33634_
412 Gerrie - Grand Grand ander the	ne laws of the State of Florida, it is hereby confirmed that after the
change or changes are made, the Florida street address to	and liability company, it is hereby confirmed that the change(s)
was/were authorized by an affirmative vote of the member the articles of organization or the operating agreement of	icis of the minica natural company of all and
Low Dolly	Robin & Bradley Printed or typed name of signee
Signature of a member or authorized representative of a member	,
I hereby accept the appointment as registered agent an provisions of all statutes relative to the proper and com	d agree to act in this capacity. I further agree to comply with the pleie performance of my duties, and I am familiar with and accept ovided for in Chapter 605, F.S. Or, if this document is being filed sss, I hereby confirm that the limited liability company has been
the obligations of my position as registered agent as from the merely reflect a change in the registered office address.	ss, I hereby confirm that the limited liability company has been
notified if writing of his chappe.	
Signature of Registered Agent	222.4
Division of Corporations• F11.1	P.O. Box 6327• Tallahassee, FL 32314 NG FEE: \$25.00