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(Req	uestor's Name)			
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PICK-UP	WAIT	MAIL		
/Due	iness Entity Name			
(Dus	mess Endry Name	;)		
(Document Number)				
Certified Copies	Certificates o	of Status		
Special Instructions to F	iling Officer:			

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## **COVER LETTER**

TO: Registration Section Division of Corporations						
Shirtless Dad Ventures LLC						
SUBJECT: Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Cha	ange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	er to the following:					
Mark Leonard						
Name of Person						
Shirtless Dad Ventures LLC						
Firm/Company						
9440 CR 733						
Address						
Webster FL 33597						
City/State and Zip Code	<del></del>					
shotzba@sbcglobal.net	<u>ට</u> ස					
E-mail address: (to be used for future annual rep	port notification)					
For further information concerning this matter, please	e call:					
Mark Leonard at (	501 5175338					
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 Tallahassec, FL 32303					
Enclosed is a check for the following amou	nt:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

## 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.

(a)	ark Leonard		(b) Mark Leonard			
(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(0)		failing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	9440 CR 733			9440 CR 73	33	
	Webster FL 33597			Webster FL	. 33597	
	Feb 24, 2022		I	L220000987	78	
	Date of filing/registration in Florida	4.	_		Document number	
(6)	Mark Leonard					
(a)	Registered Agent and Registered Office shown on the records of	the Flor	rida	Dept. of State	:	
رنال	Registered Office Address (MUST BE FLORIDA STREET	<u> ADDRI</u>	:SS <sub>2</sub>		28	
	700 CR 630A, Lot 433				22	
	Frostproof, Fl	33843 L			· · · · · · · · · · · · · · · · · · ·	
					<i></i>	
(b)	Enter name of NEW Registered Agent and/or NEW Registered			ress:		
	Mark Leonard				20.08	
	NEW Registered Office Address:					
	9440 CR 733					
	Webster	33597	7			
ange ent v is/we e arti	imited liability company is not organized under the last or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited liere authorized by an affirmative vote of the members cles of organization or the operating agreement of the street of a member or authorized representative of a member	e regist ability of the l limite	erec cor limi d lia	l office and npany, it is ted liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	ture of a member or authorized representative of a member	_			Printed or typed name of signee	
Signa	ture of a memory of authority of representative of a memory					