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(((H22000223738 3)))



H220002237383ABC\$

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : INCFILE.COM LLC Account Number : I20220000070 Phone : (888)462-3453 Fax Number : (877)919-2613

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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** <u>*</u>
67
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2022

## LLC REGISTERED AGENT CHANGE PROJECT VILLAGE RECORDS & RECORDINGS LLC

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## **COVER LETTER**

то:	Registration Section Division of Corporations		•
SUBJE	PROJECT VILLAGE RECORD	os & RECORDING	S LLC
5020		Name of Limited	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	Office Change and	d fee(s) are submitted for filing.
Please	return all correspondence concernin	g this matter to the	e following:
LOVE	TE DOBSON		
	Name of Person	<u></u>	
INCFIL	E.COM LLC		
	Firm/Company		<del></del>
17350 \$	STATE HWY 249 #220		
<del></del>	Address	<del></del>	<del></del>
HOUST	TON, TX. 77064		
	City/State and Zip Co	de	<del></del>
EFILE	234@INCFILE.COM		
E	-mail address: (to be used for future	annual report noti	fication)
For fur	ther information concerning this ma	itter, please call:	
LOVE	TE DOBSON	888 at (	462-3453
	Name of Person	u. (	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
	Enclosed is a check for the follow	ving amount:	
	■ \$25 Filing Fee	<b>a</b> :	555 Filing Fee & Certified Copy
INHS18	3 (2/14)		(((H22000223738 3)))

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY (((H22000223738 3)))

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. N	lame of the limited liability company: PROJECT VIL	LAGE RE	CORD	S & RECORDI	NGS LLC	···.		
2. (a)			(b)					
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(0)	Mailing a	ddress of limite	d liab	ility cor	npany: <i>OX</i> )
	1872 MILL STREET		1872 MILL STREET					
	TALLAHASSEE, FL 32310	<del></del>	TA	LLAHASSEE,	FL 32310			
	03/01/2022		1.220	00106510				
3.	Date of filing/registration in Florida	4.		Docum	ent number			
5. (a)								
J. (a,	Registered Agent and Registered Office shown on the records  IVAN TUCKER	of the Flori	da Dept	of State:				
	Registered Office Address (MUST BE FLORIDA STREE		<del></del>					
	TALLAHASSEE			<del></del>			2	
(b)							2022 JUN 2	7
	Hannah Tucker		<u></u>				29 AM	
	NEW Registered Office Address:	NEW Registered Office Address:					بغ	
	1872 Mill Street Suite C					-	: 27	
	Tallahassee, I	FL_32310						
agent was/w the art	timited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the members icles of organization or the operating agreement of the interest of a member or authorized representative of a member by accept the appointment as registered agent and agriculture of all statutes relative to the proper and completely accept the appointment as registered agent and agriculture of a member of my position as registered agent and completely accept the appointment as registered agent and completely accept the appointment as registered agent and completely accept the appointment as registered agent and completely accept the acceptance of the proper and completely accept the acceptance of the proper and completely acceptance of the proper and comple	he registe liability of s of the li ne limited	red off compar mited I liabilit in Tuck	ice and the busy, it is hereby iability company. er	siness office confirmed to my or as other or typed name of	of the hat the erwise	ne regis ne chan se prov	etered ege(s) ided in
Ho	on accept the appointment as registered agent and agions of all statutes relative to the proper and complete ligations of my position as registered agent as providely reflect a change in the registered office address, and in writing of this change.	ied for in I hereby i	Chapte confirm	er 605, F.S. O that the limite	r, if this doc ed liability c	umen ompo	nt is be any has	ing filed s been