L22000125525

(Re	equestor's Name)							
(Ad	idress)							
(Address)								
(City/State/Zip/Phone #)								
PICK-UP	WAIT	MAIL						
(Bu	isiness Entity Nan	ne)						
(Document Number)								
Certified Copies	_ Certificates	of Status						
Special Instructions to	Filing Officer:							

Office Use Only



700399798477

er 04/11-01017-015 **20.00

2023 JAH -9 PH 1: 14

COVER LETTER

Division of Corporations	A S
Sparks Fly, LLC	
SUBJECT:	
Name of I	Limited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Ch	ange and fee(s) are submitted for filing.
Please return all correspondence concerning this matt	ter to the following:
Carol Kregel	
Name of Person	
Kellcher Holland, LLC	
Firm/Company	
102 S. Wynstone Park Drive	
Address	
North Barrington, IL 60010	
City/State and Zip Code	
ckregel@kelleherholland.com	
E-mail address: (to be used for future annual rep	port notification)
For further information concerning this matter, please	e call:
Carol Kregel at (847 713-1355
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 Tallahassee, FL 32303
Enclosed is a check for the following amou	nt:
■ \$25 Filing Fee	□ \$55 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. N	ame of the limited liability company: Sparks Fly, LLC						
2. (a)			b) 468 3rd A	venue N			
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Naples, FL 34102	\	· • — · · · ·	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) i, FL 34102			•
3.	3/28/2022 Date of filing/registration in Florida	 4.	L22000125	Document number			-
5. (a)			. D	. .			
	Registered Agent and Registered Office shown on the records of 110 SE 6th Street	the Florid	ia Dept. of Stat	le:			
	Registered Office Address (MUST BE FLORIDA STREET A	ADDRES	<u>(2)</u>	_	<i>(i)</i>	202	
	Fort Lauderdale, FL	33301				.3 	
(b)	Darren Mills				TAR THE	2023 JAN -9	Ę.
(0)	Enter name of NEW Registered Agent and/or NEW Registered	Office a	ddress:	_	Y OF	4	f
	1100 5th Avenue South				4.33	PH 1: 1	(
	NEW Registered Office Address:			_		F	
	Suite 410		 				
	Naples, FL	34102		_			
change agent was/w the art	limited liability company is not organized under the lay e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited linere authorized by an affirmative vote of the members of the identical of a member of the appointment as registered agent and agricultures of all statutes relative to the proper and complete digations of my position as registered agent as provided the profession of this change.	register ability c of the lin limited	red office an company, it i mited liabilit liability cor	s hereby confirmed the ty company or as other npany. Printed or typed name of	at the change wise provided the change wise provided the change wise provided the change with	erea ge(s) led in	_
	Vary Mill.						
Signat	ure of Kegistered Agent						

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