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	COVER LETTER					
	istration Section ision of Corporations					
SUBJECT:	Tracy Metelus Ministries LLC					
	Name of Limited Liability Company					
Dear Sir or	Madam:					
The enclose	d Registered Agent/Registered Offic	e Change and	fee(s) are submitted for filing.			
Please return	n all correspondence concerning this	matter to the f	following:			
Tracy Metelu	18					
•	Name of Person		_			
Tracy Metelu	is Ministries LLC					
	Firm/Company		<del>_</del>			
3733 Univers	sity Blvd. W, Ste. 212					
	Address		_			
Jacksonville.	F1. 32217					
	City/State and Zip Code		_ <u></u>			
tracy.metelus	@tracymetelusministries.com					
E-mail	address: (to be used for future annu	al report notific	cation)			
For further i	nformation concerning this matter, p	olease call:				
Tracy Metelo	ıs	904 at (	386-8198			
	Name of Person		Area Code & Daytime Telephone Number			
Reg Div P.O	iling Address: distration Section distration of Corporations disconding Box 6327 displayed Bassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Enc	losed is a check for the following a	ımount:				
<b>■</b> \$	25 Filing Fee	□ \$5	5 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)	3733 University Blvd. W, Ste. 212		(b)	3733 Univ	ersity Blvd. W, Ste. 212
(",	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,	•	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Ste. 212			Ste. 212	
	Jacksonville, Fl. 32217			Jacksonvill	le, F1. 32217
	3/15/2022		[_	.220001294	149
	Date of filing/registration in Florida	4.	_		Document number
(a)	Tracy C. Metelus				
(4)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Stat				- e:
	Registered Office Address (MUST BE FLORIDA STRE.  1291 Kendall Town Boulevard	ET ADDR.	ESS)	<del></del>	-
		FL_3222	5		2029 DEC
(b)	n/a  Enter name of NEW Registered Agent and/or NEW Registered	ered Office	add	ress:	SSE S
				<del></del>	PH 3: 04 EE.FLORIDA
	NEW Registered Office Address:				- 10A
	3733 University Blvd. W, Ste. 212				-
	Jacksonville	. FL_ <sup>3221</sup>	7		_
ange ent v is/wo	imited liability company is not organized under the or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited ere authorized by an affirmative vote of the member igles of organization or the operating agreement of	the regis d liability rs of the the limite	tered con limi ed lia	I office and npany, it is ted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided i
Signá	ture of a member or anthorpol representative of a member	_			Printed or typed name of signee
iere ovisi obl	by accept the appointment as registered agent and ions of all statutes relative to the proper and compligations of my position as registered agent as provely reflect a change in the registered office address din writing of this change.	agree to ete perfo ided for i . I hereb	act i rmai n Ci i coi	in this capa nce of my a hapter 605 nfirm that i	acity. I further agree to comply with a duties, and I am familiar with and acc i, F.S. Or, if this document is being fi the limited liability company has beer

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Signature of Registered Agent