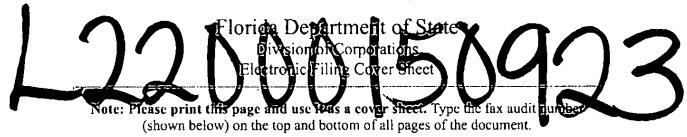
11/14/22, 12:41 PM

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Email Address: \_\_\_\_\_Carolina.samani@yahoo.com

## LLC REGISTERED AGENT CHANGE CAROLINA SAMANI LLC

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## 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:Carolina Sama	m LLC	
2. (a)	2177 El Lago Way	(b)	2177 El Lago Way
()	Principal office address of limited liability company: (Note: MUST RE STREET ADDRESS)	_ (")	Mailing address of limited liability company: (Note: MAY BE POST OFFICE ROX)
	Jacksonville, Florida 32224		Jacksonville, Florida 32224
		<del></del>	
	3/28/2022		1.22000150923
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	BUSINESS FILINGS INCORPORATED		
(41)	Registered Agent and Registered Office shown on the records of the	he Florida	Dept, of State:
	1200 SOUTH PINE ISLAND ROAD		
	Registered Office Address (MUST BE FLORIDA STREET A	(DDRESS)	
	PLANTATION FL	33324	
(b)	Carolina Samani		in the second se
(0)	Euter name of NEW Registered Agent and/or NEW Registered	Office add	<u>100.</u>
		<b></b>	
	NEW Registered Office Address:		
		32224	
the cha agent t wayw	limited liability company is not organized under the law ange or changes are made, the Florida street address of will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members of ieles of organization or the operating agreement of the	es of the t the regist shility con I the limi	cred office and the business office of the registered upany, it is hereby confirmed that the change(s) ted liability company or as otherwise provided in
		Cai	olina Samani, Member
Signa	state of a member or authorized representative of a member		Printed or typed name of signee
provis the ob to mer notifie	by accept the appointment as registered agent and agrains of all statutes relative to the proper and complete plactions of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change.	ee to act performa I for in C sereby co	in this capacity. I further agree to comply with the nca of my duties, and Lam familiar with and accept hapter 605, F.S. Or. if this document is being filed nfirm that the limited fiability company has been
Signate	are of Registered Agent		
	na Samani		
	Division of Corporations • P.O. B	lox 6327	Tallahassee, FL 32314

FILING FEE: \$25.00