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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | | | |
|--|---|--|--|--|--|--|
| SUBJECT: YourNextMove LLC | | | | | | |
| Name of Limited Liability Company | | | | | | |
| Dear Sir or Madam: | | | | | | |
| The enclosed Registered Agent/Registered Off | ice Change and fee(s) are submitted for filing. | | | | | |
| Please return all correspondence concerning th | is matter to the following: | | | | | |
| Christina Allen | | | | | | |
| Name of Person | | | | | | |
| YourNextMove LLC | | | | | | |
| Firm/Company | | | | | | |
| 755 Oak ter | | | | | | |
| Address | | | | | | |
| Orange City, FL 32763 | | | | | | |
| City/State and Zip Code | | | | | | |
| culler.wsu@gmail.com | | | | | | |
| E-mail address: (to be used for future ann | ual report notification) | | | | | |
| For further information concerning this matter, | please call: | | | | | |
| Christina Allen | at (330 ₎ 327-9300 | | | | | |
| Name of Person | Area Code & Daytime Telephone Number | | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314 | | | | | |
| Enclosed is a check for the following | amount: | | | | | |
| ☑ \$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.

| 1. N | ame of the limited liability company:YourNextMov | e LLC | | | |
|--|--|---|--|---|--|
| 2. (a) | 755 Oak ter | (h | (b) 1235 Providence blvd | | |
| | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | · — — | Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX) | |
| | Orange city, FL | | suite R - | unit #658 | |
| | 32763 | _ | Deltona, | FL 32725 | |
| | 2/8/2023 | | L220001 | 54515 | |
| 3. | Date of filing/registration in Florida | 4. | | Document number | |
| 5. (a) | UNITED STATES CORPORATION AGENTS | S, INC. | | | |
| . (, | Registered Agent and Registered Office shown on the records of t 5575 S. SEMORAN BLVD.36 | he Florida | Dept. of State | : | |
| | Registered Office Address (MUST BE FLORIDA STREET) | DDRESS | | | |
| | | | - | - | |
| | ORLANDO , FI. | 32822 | | | |
| (b) | Christina Allen | | | | |
| (0) | Enter name of NEW Registered Agent and/or NEW Registered | Office add | dress: | <u>→</u> | |
| | Christina Allen | | | . O | |
| | NEW Registered Office Address: | | | | |
| | 755 Oak ter | | | | |
| | Orange city . FL | 3276 | 3 | | |
| the cha agent v was/wa the art | imited liability company is not organized under the law inge 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 o icles of organization or the operating agreement of the Christina Allen ture of a member or authorized representative of a member | the regis ibility co f the lim limited l | stered office impany, it is ited liability iability com istina Allei | and the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in pany. | |
| I here provisi the obi to mer notified | by accept the appointment as registered agent and agra- ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I had in writing of this change. Christina Allen The of Registered Agent | ee to act performa I for in C iereby co | in this capa | icity. I further agree to comply with the | |