L22000156684

(Re	equestor's Name)			
(**-				
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
				
Special Instructions to Filing Officer:				
W.M	ils			
				

Office Use Only



200421351922

01/08/24--01019--011 **25.00

COVER LETTER

	Registration Section Division of Corporations	
SUBJE	Shea Enger LLC CT:	
	Name of L	Limited Liability Company
Dear Sir	r or Madam:	
The enc	closed Registered Agent/Registered Office Cha	nange and fee(s) are submitted for filing.
Please re	eturn all correspondence concerning this matt	ter to the following:
CHAD S	SAKONCHICK	
	Name of Person	
BETTER	RLEGAL INC	
	Firm/Company	
5473 Bla	air Rd., Suite 100, PMB 35833	
	Address	
Dallas, T	ΓX 75231	
	City/State and Zip Code	
filings@	betterlegal.com	
E-	mail address: (to be used for future annual rep	port notification)
For furt	her information concerning this matter, please	e call:
CHAD S	SAKONCHICK at (+1 512-969-2339
	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	unt:
	■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

LDC7866A05A0AA 003290.02.02.000000

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.

١.	Na	ame of the limited liability company:				
2. (a)	132 NE 2ND AVE		(b)	132 NE 2ND AVE	
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	<u> </u>	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		DANIA, FL 33004	.		DANIA, F	FL 33004
		03/31/2022		i	.220001560	684
3.		Date of filing/registration in Florida	4.	_		Document number
5. ((a)	UNITED STATES CORPORATION AGENTS, INC.				
J. ,	(**)	Registered Agent and Registered Office shown on the records of t 476 RIVERSIDE AVE.	he Flori	da	Dept. of Stat	e:
		Registered Office Address (MUST BE FLORIDA STREET A JACKSONVILLE	(DDRES	<u>5.5</u> 2		_
		FL	32202			_
(b)	Registered Agents Inc				-
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office a	ıdd	ress:	- -
		7901 4th St. N STE 300				', ,
		NEW Registered Office Address:				-
		St. Petersburg				· · · · · · · · · · · · · · · · · · ·
		, FL	33702			_
char ager was/	ige it w /wc	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial are authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registe bility c f the lii	rec on mit	l office and opany, it is ted liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in
		a Enger	Sho	ca	Enger	
Sig	gnat	ture of a member or authorized representative of a member				Printed or typed name of signee
prov the o to m	risie obli gre	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address, I ha I in writing of this change.	e to ac perforn for in ereby c	zt i nar Cl zor	n this capa we of my a apter 605 yjrm that i	acity. I further agree to comply with the duties, and I am familiar with and accept F.S. Or, if this document is being filed the limited liability company has been

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

Bill Havre, Authorized Representative of Registered Agents Anc.
Signature of Registered Agent

Signature of Registered Agent