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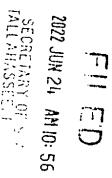
(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates of	Status		
Special Instructions to Filing Officer:				
	J. HORNE			
	SEP 2 1 2022			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	•					
814 REAL ESTATE, LLC SUBJECT:						
Name of Limited Liability Company						
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.					
Please return all correspondence concerning this matter	to the following:					
JESSICA MERRICK						
Name of Person						
814 REAL ESTATE, LLC						
Firm/Company						
3128 W PALMETTO STREET						
Address						
TAMPA, FL 33607						
City/State and Zip Code						
JESSICA.MERRICK7@GMAIL.COM						
E-mail address: (to be used for future annual repor	t notification)					
For further information concerning this matter, please ca	all:					
JESSICA MERRICK 58: at (5 490-0161					
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 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.

L N	ame of the limited liability company: 814 REAL ESTAT	E, LLC	•	
2. (a)	217 S. CEDAR AVE. TAMPA, FL 33606	(b) 3128 W PALMETTO STREET, TAMPA, FL 33607		
(11)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	<u> </u>	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		-		
	04/01/2022		L22000159	9005
3.5. (a)	Date of filing/registration in Florida MERRICK, JESSICA	4.		Document number
. (,	Registered Agent and Registered Office shown on the records of th	e Flori	la Dept. of St	ate:
	Registered Office Address 6340 MOORING LINE CIRCLE	DDRES	<u></u>	_
	APOLLO BEACH FL.	3572		
(b)	MERRICK, JESSICA			ECRE SECRE
(0)	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered C</u>)ffice a	ddress;	SECRETARY OF THE ALLAHASSEE THE
	NEW Registered Office Address:			- <u>- </u>
	3128 W PALMETTO STREET			
	TAMPA, FL_	3607		_
change agent was/w	imited liability company is not organized under the laws or changes are made, the Florida street address of the rewill be identical. Or, in the case of a Florida limited liab ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the liab	egiste oility c the lia mited	red office a ompany, it nited liabili liability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.
Sinn	ture of a member or authorized representative of a member	J1:3	SSICA MER	Printed or typed name of signee
I here provis the ob- to mer notifie	by accept the appointment as registered agent and agree ions of all statutes relative to the proper and complete poligations of my position as registered agent as provided ely reflect a change in the registered office address. I he d in writing of this change.	e to ac erforn for in ereby c	t in this cap ance of my Chapter 60 confirm that	pacity. I further agree to comply with the

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