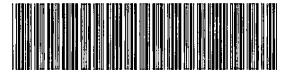
422000146802

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	isiness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificate:	s of Status		
Special Instructions to	Filing Officer:			

Office Use Only



800394335138

09/19/22--01023--023 **25.00

COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: Serenity Wealth Name of Limited Lin	ability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Office Change and to	See(s) are submitted for filing.		
Please return all correspondence concerning this matter to the f	ollowing:		
Name of Person Serenity Walth LC Firm/Company	_		
500 511110N Dr. Address	_	22 SEP	1417.124
Chest view FL 32536 City/State and Zip Code	<u>O</u>	19 PH 2	60 F-60 (5)
E-mail address: (to be used for future annual report notific	I-NCt	2:41	報源
For further information concerning this matter, please call:			
Name of Person	Area Code & Daytime Telephone Number	г	
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:			

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

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.

ı	Na	ne of the limited liability company: Screnity Wealth (10
I.		FIN TILL ON NO
2.	(a)	Principal office address of limited liability company: Mailing address of limited liability company:
		(Note: MAY BE POST OFFICE BOX)
		CreSt View FL 32530 Cresture W FL 3253
		H10110000 1 220001100 202
3.		Date of filing/registration in Florida 4. Document number
		Parmar N. (20 m
5.	(a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
		1455 BOLIN BILDS :10 A
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
		Q 100 0 0 0 0 0 2 2 ED 2
		<u>FLNSCOLU</u> .FL 32305
		mean men = = ==
	(b)	CANANA A A A A A A A A A A A A A A A A A
		Enter name of NEW Registered Agent and/or NEW Registered Office address.
		500 Sillian On
		NEW Registered Office Address:
		<u>Crestico</u> . FL 32530
lf ı	the li	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the
ch	ange	or changes are made, the Florida street address of the registered office and the business office of the registered
age wa	ent w is/we	rill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
the	arti	cles of organization or the operating agreement of the limited liability company.
ر_	<u> </u>	ure of a member or authorized representative of a member Printed or typed name of signee
	-	
pre	veret oviși	w accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the following filed to the company is being filed.
the to	r onu mere	ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address, I hereby confirm that the limited liability company has been
Ϋ́	тугес	(in writing of this change.
<u>ب</u> Si _i	gnatu	e of Registered Agent