L22000170807

(Requestor's Name)						
(Address)						
,						
(Address)						
(Addless)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(2000)						
(Document Number)						
Certified Copies Certificates of Status						
Consideration to Tilling Officers						
Special Instructions to Filing Officer:						

Office Use Only



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COVER LETTER

TO:	Registration Section Division of Corporations		·			
SUBJ	Covert Family Enterprises, LLC JECT:					
		Name of Limited L	iability Company			
Dear S	ir or Madam:					
The en	closed Registered Agent/Registered (Office Change and	fee(s) are submitted for filing.			
Please	return all correspondence concerning	this matter to the	following:			
Kobert	C. Hall					
	Name of Person		_			
Miller,	Hall & Triggs, LLC					
	Firm/Company		_			
416 M	nin Street, Suite 1125					
	Address					
Peoria,	IL 61602					
	City/State and Zip Cod	e				
ann.sto	mmel@mhtlaw.com					
Е	-mail address: (to be used for future a	annual report notifi	ication)			
For fur	ther information concerning this matt	ter, please call:				
Ann St	ommel	309 at (671-9600			
	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 followi	ing amount:				
■ \$25 Filing Fee		□ \$5	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. Na	ame of the limited liability company: Covert Family I	Enterprise	es, I	LC		
2. (a)						
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		(-,		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
	416 Main Street, Suite 1125			416 Main	Street, Suite 1125	
	Peoria, IL 61602			Peoria, IL	. 61602	
	April 8, 2022		L	.22000170	9807	
3.	Date of filing/registration in Florida	4.	_		Document number	
5. (a)	Registered Agents Inc.					
(-)	Registered Agent and Registered Office shown on the records	of the Flor	ida i	Dept. of Sta		
	Registered Office Address (MUST BE FLORIDA STREET ADDRESS)					
	7901 4th Street N Ste. 300					
(b)	St. Petersburg	FL			FILE PA	
	James E. Covert					
(4)	Enter name of NEW Registered Agent and/or NEW Registered Office address:					
				<u>.</u> .	_	
	NEW Registered Office Address:					
	7523 Lake Valencia Court				_	
	Fort Myers Beach	FL_33931			_	
change agent was/w the art	limited liability company is not organized under the le or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited were authorized by an affirmative vote of the member ticles of organization or the operating agreement of the accept the appointment as registered agent and a cions of all statutes relative to the proper and completely reflect a change in the registered office address,	he regist liability s of the l he limite	erec cor imi d lia	d office as npany, it ted liability co s E. Cover	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany. t Printed or typed name of signee	
попун	ea in writing of this change.	I hereby	col	nfirm thai	t the limited liability company has been	
Signate	une of Registered Agent					