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M. SCHOLTCH

COVER LETTER

TO: **Registration Section Division of Corporations**

telphi Group, PLLC SUBJECT: Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Marie Sprowl Name of Person Adelphi Gnop. Firm/Company

Stonewind Lane

Maitland, FL City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (321) 961-8159 Area Code & Daytime Telephone Number Marie Spaul Name of Person

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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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:

A \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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. Na	me of the limited liability company: The Felel	Dhi Gny	o, PUC		
2. (a)	998 Stonewourd Lane	(b) 999	Stoneward	Lane.	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited 1 (Note: MAY BE POST (_
	Maitland Fr 32751	ķ	1aitland, FZ	27751	
					_
	· · · ·				-
	04/26/2022	L22	000171263		
3.	Date of filing/registration in Florida	4.	Document number		_
5. (a)	Marie Spowi				
	Registered Agent and Registered Office shown on the records of the	ne Florida Dept. of S	tate:		
	<u>998</u> STONEWDAI LANE Registered Office Address (MUST BE FLORIDA STREET A	DD8650			
	Registered Office Address (MOST BE PLOKIDA STREET A	DOKESS)			
	NA of Man d	20701		2022	
	Maitland, FL	36131		HAY	4
(b)	Masseh S	Simuis L	aw, PA		
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>				<u> </u>
	(and Bang Mang Ch				(
	<u>LeHO</u> Bryn Mawr St. <u>NEW</u> Registered Office Address:		_	់ ភ ទ	
	(Ĉ.)				
		<u> </u>			
	Orlando, FL.	32:004			
lf the li	mited liability company is not organized under the law	s of the State of I	Florida, it is hereby confu	rmed that after the	e
change.	or changes are made, the Florida street address of the r ill be identical. Or, in the case of a Florida limited liab	egistered office a	ind the business office of	f the registered	
was/we	re authorized by an affirmative vote of the members of eles of organization or the operating agreement of the l	the limited liabil	ity company or as othery	vise provided in	
Ma	ried Sprawl	•	• •		
Signat	are of a member or authorized representative of a member		Printed or typed name of s	ignee	-
I hereb provisio	y accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p	e to act in this ca erformance of m	pacity. I further agree to y duties, and I am familia	o comply with the ar with and accept	t
ne obli 10 mere	is so fall statutes relative to the proper and complete p gations of my position as registered agent as provided by reflect a change in the registered office address, I have	för in Chapter 60 ereby confirm tha	95, F.S. Or, if this docun t the limited liability con	nent is being filed apany has been	
nonjiea	in writing of this change.				

-Signature of Registered Agent

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