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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Umbra79 LLC				
	Name of Limited I	Liability Company		_
Dear Sir or Madam:				
The enclosed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.		
Please return all correspondence concernin	g this matter to the	following:		
Jhanese Hoosain				
Name of Person				
ZenBusiness Inc.				
Firm/Company	-	<u> </u>		202
336 E. College Ave. Suite 301				MEDIER 24
Address				? 2!
T. 1. 17 22201			٠	
Tallahassee, FL 32301	•	<u> </u>		ب
City/State and Zip Co	de			<u>a</u>
ra@zenbusiness.com				
E-mail address: (to be used for future	annual report noti	fication)		
For further information concerning this ma	tter, please call:			
Jhanese Hoosain	844 at (493-6249		
Name of Person		Area Code & Daytime Telephone	e Numbe	- 21
Mailing Address: Registration Section Division of Corporations		Street Address: Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the follow	ving amount:			
☐ \$25 Filing Fee	- 5	□ \$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.

1. Na	me of the limited liability company: Umbra79	LLC		
2 (a)	8851 US HWY 19, 1305	_(b) 8851 US HWY 19, 1305		
с. (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)	
	PINELLAS PARK, FL 33782	PINEL	LAS PARK, FL 33782	
	05/02/2022	L2200	0206484	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	UNITED STATES CORPORATION AGE	ENTS, INC.		
J. (-)	Registered Agent and Registered Office shown on the records of t	he Florida Dept. of State	203	
	476 RIVERSIDE AVE.		15.00 LER	
	Registered Office Address (MUST BE FLORIDA STREET A	IDDRESS)	(A) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	
	JACKSONVILLE	32202		
(ъ)	ZenBusiness Inc. Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	-	
	336 E. College Ave. Suite 301			
	NEW Registered Office Address:	,	•	
	Tallahassee, FL	32301		
change agent w was/we	mited liability company is not organized under the law or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	registered office and bility company, it is f the limited liability	I the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	
	/s/ Adrian Bociu	Adrian Boc	iu	
Signat	ure of a member or authorized representative of a member		Printed or typed name of signee	
the obline notifier	by accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pigations of my position as registered agent as provided by reflect a change in the registered office address, I have the property of this change.	ee to act in this capa performance of my d I for in Chapter 605, ereby confirm that t	city. I further agree to comply with the luties, and I am familiar with and accept F.S. Or, if this document is being filed he limited liability company has been	

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