h22000225544

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
	· · · · · · ·	
(O)	JChaha IZ: JDb	40
(Cir	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nam	ne)
(50.	omess emily man	,
(Do	cument Number)	
Certified Copies	Certificates	of Status
Cancial Instructions to f	Citing Officer:	1
Special Instructions to f	-ming Officer.	

Office Use Only

į



400391442884

gt. 21, 22 €1312--636 *•60.0€

2022 DEC -6 PM 4: 12

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Passmore Run Name of Li	Mess LLC imited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Cha	nge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	er to the following:	
Jerany Pass more Name of Person		
Passmore Runles	5 LLC	
10831 Sw 1675+ Address		
Miami FL 33157 City/State and Zip Code		
E-mail address: (to be used for future annual rep	ort notification)	
For further information concerning this matter, please	call:	
TECOM V OSSMORE at (305) 906 1915 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	

INHS18 (2/14)

2222 TT -5 AT 9: 14

October 24, 2022

JERMAY PASSMORE 10831 SW 167 ST MIAMI, FL 33157

SUBJECT: PASSMORE RUNLESS LLC

Ref. Number: L22000225544

We have received your document for PASSMORE RUNLESS LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 422A00023845

Neysa Culligan Regulatory Specialist III

www.sunbiz.org

The second of th

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	une of the limited liability company: Passmore Rugless LLC
2. (a)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) (b) 10831 5 \(\times\) 167th 5+ Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
3.	May 26th 2022 88-2505164 L22000225544 Date of filing/registration in Florida 4. Document number
5. (a)	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: 5237 S. IMMERIA (SMOJOAN SULTE 400) Registered Office Address (MUST RE FLORIDA STREET ADDRESS) SULTE 400 Fort Myens, FL 33907 Jeramy Passmore Enter name of NEW Registered Agent and/or NEW Registered Office address:
	NEW Registered Office Address:
change agent v was/w the art	imited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the cor changes are made, the Florida street address of the registered office and the business office of the registered will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) ere authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in icles of organization or the operating agreement of the limited liability company. Teromy Formula SMORE The printed or typed hame of signer.
provisi the obi to mer notifie	by accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept ligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed ely reflect a change in the registered office address. I hereby confirm that the limited liability company has been if in writing of this change. The of Registered Agent