## L22000242488

	(Requestor's Name)	-				
	(Address)					
<del></del>	(Address)					
(City/State/Zip/Phone #)						
PICK-U	IP WAIT MA	AIL				
(Business Entity Name)						
(Document Number)						
Certified Copies	Certificates of Status					
Special Instructions to Filing Officer;						
	J DENNIS					
	AUG 1 & 2023	:				

Office Use Only



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## **COVER LETTER**

TO:	Registration Section Division of Corporations								
SUBJI	ECT:								
		Name of Limited Liability Company							
Dear S	ir or Madam:								
The en	closed Registered Agent/Registered	Office Cha	inge and	fee(s) ar	e submitted for filing.				
Please	return all correspondence concernin	g this matte	er to the	followin	g:				
	Tracy Lutz								
	Name of Person	<del></del>							
	LWL Law PLLC								
	Firm/Company								
1	02 NE 1st Avenue, Suite B								
	Address		<u> </u>	_					
I	Delray Beach, FL 33444								
	City/State and Zip Coo	le		<del>_</del>					
,	Tracy,Lutz@lwl-law.com								
E	-mail address: (to be used for future	annual rep	ort notif	ication)					
For fur	ther information concerning this ma	tter, please	call:						
Tra	acy Lutz	at (	484	)	612 - 5665				
	Name of Person			Area (	Code & Daytime Telephone Numbe				
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314			Regis Divis The 0 2415	et Address: stration Section sion of Corporations Centre of Tallahassee N. Monroe Street, Suite 810 hassee, FL 32303				
	Enclosed is a check for the follow	ing amour	nt:						
	<b>№</b> \$25 Filing Fee		□ \$:	55 Filing	Fee & Certified Copy				
INHS18	3 (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:LWL Law.	PLLC			
2.	(a)	102 NE 1st Avenue	(b)	102 NE 1s	st Avenue	
	``	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	_ (0)	Ma	ailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		Suite B		Suite B		
		Delray Beach, FL 33444		Delray Beach, FL 33444		
		5/25/2022		L220002	242688	
3.		Date of filing/registration in Florida	4.	D	Occument number	
5.	(a)	Tracy Lutz				
		Registered Agent and Registered Office shown on the records of the	he Florida I	Dept. of State:		
		72 NE 5th Avenue				
		Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)			
					20	
		Delray Beach , FL	3348	33	381.8ET	
(b)	(b) ,	Tracy Lutz		FILE TARY OF CE		
		Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered (</u>	ess:			
		102 NE 1st Avenue		<b>10:1</b>		
		NEW Registered Office Address:				
		Suite B				
		Delray Beach . FL_	3344	4		
cha age was the	inge ent w s/we artic	mited liability company is not organized under the law or changes are made, the Florida street address of the result be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liable.	registered bility com the limit imited lia	office and the pany, it is he ed liability of	the business office of the registered hereby confirmed that the change(s) company or as otherwise provided in	1e
S	ignati	ure of a member or authorized representative of a member		Pa	rinted or typed name of signee	_
pro the to n not	visic obli nere ified	by accept the appointment as registered agent and agree ons of all 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 he in writing of this change.	e to act in performan for in Ch preby con	n this capaci ce of my dut apter 605, F firm that the	ity. I further agree to comply with th ties, and I am familiar with and acce F.S. Or, if this document is being file e limited liability company has been	i i i