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Division of Corporations



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To:			
	Division of Corporations		2
	Fax Number : (850)617-6383		2023
			JULI
From:			
	Account Name : REGISTERED AG	ENTS INC.	
	Account Number : I20090000081		
	Phone : (307)200-2803		PH
	Fax Number : (855)330-1010	I.	ې ب
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annual	email address for this business report mailings. Enter only one Address:	-	lease.**
	LLC REGISTERED AGEN NATHALIE VILLAS		JUNIL PH
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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. N	ame of the limited liability company:	LLC	
2. (a)		(b)	
	Principal office address of limited liability company: (<u>Note: MUST BE STREET ADDRESS</u>)		Mailing address of limited liability company: (<u>Note: MAY BE POST OFFICE BOX</u>)
		·	
,	05/26/2022		22000245471
3.	Date of filing/registration in Florida	4.	Document number
5. (a)			
	Registered Agent and Registered Office shown on the records	of the Florida L	Dept. of State:
	7988 VIA DELLAGIO WAY		
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	STE 206		
	ORLANDO	FL	20
(b)	ORLANDO Registered Agents Inc	FL	2023 JU
(b)			2023 JU 2023
(b)	Registered Agents Inc		<u>ess</u> :
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>		2023 JEA 14 PM 5:
(b)	Registered Agents Inc Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u> 7901 4th St N		

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Robin Jones 121 VARIAL 12 Signature of a member or authorized representative of a member Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability company has been natified in writing of this change.

David Roberts Assistant Secretary

Signature of Registered Agent

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