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(R	(Requestor's Name)				
(A	ddress)				
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(C	ity/State/Zip/Phone #	f)			
PICK-UP	WAIT	MAIL			
(B	usiness Entity Name	·)			
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(D	ocument Number)				
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Certified Conies	Certificates o	f Status			
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Special Instructions to Filing Officer:					
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2023 OCT 1 O PH 3: 53

COVER LETTÉR

TO:	Registration Section Division of Corporations						
SUBJE	SUBJECT: MAMMOTH CLUB, LLC						
		Name of Limited L	iability Company				
Dear Si	ir or Madam:						
The en	closed Registered Agent/Registered	Office Change and	fee(s) are submitted for filing	g.			
Please	return all correspondence concernin	ig this matter to the	following:				
Michae	Serrano						
	Name of Person						
ZenBus	iness Inc.						
	Firm/Company		_	:			
336 E. 0	College Ave. Suite 301			<u> </u>			
	Address		<u> </u>	÷			
Tallaha	ssee, FL 32301						
	City/State and Zip Co	de	_				
ra@zei	abusiness.com						
Е	-mail address: (to be used for future	annual report notif	ication)				
For fur	ther information concerning this ma	itter, please call:					
Michae	Serrano	8 44 at (493-6249				
	Name of Person		Area Code & Daytime Tel	ephone Number			
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporation The Centre of Tallahass 2415 N. Monroe Street, Tallahassee, FL 32303	ee			
	Enclosed is a check for the follow	ving amount:					
	■ \$25 Filing Fee	\$25 Filing Fee		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	ame of the limited liability company:MAMN	MOTH CL	LUB, LLC	
2. (a)	(a) 6531 SOTER LANE (b) 6531 SOTER LANE			
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited li (Note: MAY BE POST 6	
	WINDERMERE, FL 34786	<u>WIN</u>	IDERMERE, FL 34786	
	07/11/2022	1.2200	00306487	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	MCCORMACK, DANIEL A, II			
J. (a)	Registered Office Address (MUST BE FLORIDA STREET ADDR	RESS)		
	6531 SOTER LANE			20
	Registered Office Address (ST BE FLORIDA STREET ADDRESS	S)		[] ; 2023 OCT
	WINDERMERE, FL	34786		0
(b)	ZenBusiness Inc			PH 3:
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	Office address:	•	ა
	336 E. College Ave. Suite 301			
	NEW Registered Office Address:			
	Tallahassee, FL_	32301		
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lia- cre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the l	registered offi bility compan f the limited ti	ice and the business office of y, it is hereby confirmed that lability company or as otherw	the registered the change(s)
/s/	Daniel A McCormack II	Daniel A McCormack II		
	ture of a member or authorized representative of a member		Printed or typed name of si	_
I here provisi the obl to mero notified	by accept the appointment as registered agent and agre ons of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address, I h	ee to act in thi. performance of I for in Chapte ereby confirm	s capacity. I further agree to of my duties, and I am familia er 605, F.S. Or, if this docum that the limited liability com	comply with the with and accept the second is being filed inpany has been
Signatu	re of Registered Agent			