

L22 000316459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

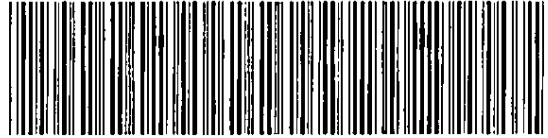
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100412004771

07/12/23 30101014004*21325780

07/12/23--01011--001 **25.00

FILED
2023 JUL 12 PM 12:38
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PROS 4 LESS, LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bryan Czajkowski
Name of Person

PROS 4 LESS, LLC
Firm/Company

209 Star Shell Dr.
Address

Apollo Beach, FL 33572
City/State and Zip Code

~~Bee~~ Bryan C. Realestate@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bryan Czajkowski at (518) 330-4291
Name of Person 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

**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. Name of the limited liability company: PROS 4 LESS, LLC
2. (a) _____ (b) _____
Principal office address of limited liability company: Mailing address of limited liability company:
(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
- 3225 McLead Drive Suite 100 3225 McLead Drive Suite 100
Las Vegas, NV 89121 Las Vegas, NV 89121
- 07/18/2022 L22000316459
3. Date of filing/registration in Florida 4. Document number

5. (a) Anderson Registered Agents, Inc
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- 625 E. Twiggs St. Suite Anderson Registered Agents, Inc.
Registered Office Address (MUST BE FLORIDA STREET ADDRESS)
- 625 E. Twiggs Street Suite 110
Tampa FL 33602

- (b) _____
Enter name of NEW Registered Agent and/or NEW Registered Office address:
- Bryan Czajkowski
NEW Registered Office Address:
- 209 Star Shell Drive
Apollo Beach FL 33572

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.

[Signature]
Signature of a member or authorized representative of a member

Bryan Czajkowski
Printed or typed name of signer

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 notified in writing of this change.

[Signature]
Signature of Registered Agent

FILED
2023 JUL 12 PM 12:38
TALLAHASSEE, FLORIDA