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ALLAHASSEE F. J. J. J.

1023 AUG 14 PM 3:

COVER LETTER

TO: Registration Section Division of Corporations								
SUBJECT: COLDEN PANTLICRA 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:								
ROBBERA DE VILHON								
Name of Person								
GOLIXWI ANTHORA LLL								
Firm/Company								
GIOT TARANCOD DR.								
Address								
OPLANDO FL 32819								
City/State and Zip Code								
E-mail address: (to be used for future annual report notification	on)							
For further information concerning this matter, please call:								
Doba-le de Vilhene at (951)	9033805							
Name of Person Ar	rea Code & Daytime Telephone Number							
Registration Section R Division of Corporations D P.O. Box 6327 T Tallahassee, FL 32314	treet Address: Legistration Section Division of Corporations The Centre of Tallahassee 415 N. Monroe Street, Suite 810 Tallahassee, FL 32303							
Enclosed is a check for the following amount:								
□ \$25 Filing Fee □ \$55 Fi	iling 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	me of the limited liabilit	y company: _	COLD	المحا	PAN	THE	ALL	*. 	
•	(-)	6107 TARAY	ע טטטי	OWE	(b)	GIT	つみてん	2A~KT	n Me	LIVE
2.	(a) .	Principal office addre		ility company:	(0)		Mailing addr	TARANCO DRIVE g address of limited liability company: g: MAY BE POST OFFICE BOX		
		DELANIX) FL	32819		02	LAND	D FL	- 32	<u> </u>
					<u>-</u>					
										· .—.
		O 7/2	6/20	022		<u>\</u>	220	D 33	<u>010</u>	1 .
3.		Date of filing/re	egistration in I	Florida	4.		Documen	t number		
5.	(a)									
	()	Registered Agent and Registe	ered Office shows	n on the records of	the Florida	Dept. of Sta	ite:			
			ZENBUSINI	ESS INC						
		Registered Office Address	336 E. COL		•		_			
			SUITE 301					1	7.3	
				SEE, FL 32301			_	<u></u>	2023	
				, rւ	·			2	AUG	
				_				<u> </u>	. <u> </u>	
	(b)	POBLECA		VILHONA				SE	<u>-</u>	
		Enter name of NEW Registe	red Agent and/or	r <u>NEW Registered</u>	Office add	ress:		بنأ	· P	:
		6107 TA	2AWOOT	b Drive	3			ÀLLAHÀSSEE, FLORIDA	<u>ب</u>	١.
		NEW Registered Office Add	dress:				_	<u>4</u>	30	
		·					_			
		OPLA	NDO	, FL	32	2819	<u>.</u>			
īfi	he li	imited liability company	is not organiz	ed under the lay	vs of the S	State of F	lo ri da, it is	hereby confi	rmed that	after the
cha	ange	or changes are made, the	e Florida stree	t address of the	registere	d office ar	nd the busir	ness office of	the regist	ered
age	ent v	vill be iden tical. Or, in the ere authorized by an affir	he case of a Fl mative vote o	onda limited lig f the members o	ibility con if the limi	npany, it ted liabili	is hereby company	onfirmed that v or as others	t the chang vise provid	ge(s) ded in
the	arti	cles of organization or th	ne operating a	greement of the	limited li	ability co	mpany.	, 0. 00 0 ====	····· pro····	
			·		7	SOBE	REA	DE V	1L+10	A
5	Signat	ture of a member or authorized	d representative o	f a member			Printed or	typed name of s	ignee	
pro the to	ovisi e obl mere	by accept the appointment ons of all statutes relatively ligations of my position a lety reflect a change in the din writing of this chang	ve to the prope is registered a c registered of	d agent and agr ir and complete gent as provide ffice address, I i	ee to act performa I for in C nereby co.	in this cap nce of my hapter 60 nfirm that	pacity. I fur duties, and 5, F.S. Or, the limited	rther agree to I I am familio if this docun I liability con	o comply var with and nent is being nent is being neurong has	vith the d accept ng filed been
Si	gnatu	re of Registered Agent								