## 

(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:						





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## COVER LETTER

	gistration Section ision of Corporations			
	Change registered agent			
SUBJECT:		Limited Liabilit	v Company	
Dear Sir or				
	ed Registered Agent/Registered Office C	ange and facts	) are submitted for filing	
		-	-	
Please retur	n all correspondence concerning this ma	ter to the follow	ving:	
Kimberle Sn	nall			
	Name of Person	<del></del>		
Small Accou	ints LLC			
	Firm/Company			
8119 Elisabe	eth Lane			
	Address			
Seminole FL	. 33777			
	City/State and Zip Code			
kimberle520	00@yahoo.com			
E-mai	l address: (to be used for future annual re	port notificatio	n)	
For further	information concerning this matter, pleas	e call:		
Kimberle Sn	nall at		2549144	
	Name of Person	\	ea Code & Daytime Telephone Number	
<u>Ma</u>	niling Address:	<u>St</u>	reet Address:	
	gistration Section		egistration Section	
	vision of Corporations		vision of Corporations	
	D. Box 6327		ne Centre of Tallahassee	
Tal	lahassee, FL 32314		15 N. Monroe Street, Suite 810 illahassee, FL 32303	
Enc	closed is a check for the following amo	unt:		
Ø.	\$25 Filing Fee	□ \$55 Fil	□ \$55 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. Name of the limited liability company:  Small Accounts LLC							
2.	(a)	8119 Elisabeth Lane	(b) 8119 Elisabeth Lane				
	(4)	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	- '	·,	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)		
		Seminole, FL 33777	Seminole 1		FL 33777		
		07/27/2022	-	L22000331	984		
3.		Date of filing/registration in Florida	4.		Document number		
5.	(a)	07/27/2022			_		
		Registered Agent and Registered Office shown on the records of the UNITED STATES CORPORATION AGENTS, INC.ORL		,			
Registered Office Address (MUST BE FLORIDA STREET ADDRESS				<u> </u>			
5575 S. SEMORAN BLVD.SUITE 36					F & T		
		Orlando , FL	32822		PILEI		
	(b)	Kimberle Small					
		~~ <b>7</b> € <b>7</b> €					
		NEW Registered Office Address:			_		
		8119 Elisabeth Lane		· · · · · · · · · · · · · · · · · · ·	_		
		Seminole , FL	33777		_		
cha age wa	ange ent v s/we	imited liability company is not organized under the law e or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited lial ere authorized by an affirmative vote of the members of icles of organization or the operating agreement of the l	egister oility c the lir	red office ar ompany, it nited liabili	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in		
_		-5	Kir	nberle Smali			
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 notified in writing of this change.  Signature of Registered Agent							
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