L22000340481

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Occasional Street							
Special Instructions to Filing Officer:							
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KB 7704							
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COVER LETTER

	istration Section ision of Corporations		
SUBJECT:	3454 14th Ave S LLC		
	}	Name of Limited L	iability Company
Dear Sir or	Madam:		
The enclose	d Registered Agent/Registered	Office Change and	fee(s) are submitted for filing.
Please retur	n all correspondence concerning	g this matter to the	following:
Jesse Sheme	sh		
	Name of Person	-	<u> </u>
	Firm/Company		
501 E Kenne	edy Blvd, 14th FL		
	Address		
Tampa, FL 3	3602		
	City/State and Zip Cod	le	<u> </u>
info@pointa	equisitions.com		
E-mail	address: (to be used for future	annual report notif	īcation)
For further i	nformation concerning this mat	ter, please call:	
Jesse Shemes	sh	727 at (788-4324
	Name of Person		Area Code & Daytime Telephone Number
Reg Div P.O	iling Address: gistration Section ision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Enc	losed is a check for the follow	ing amount:	
□ \$	25 Filing Fee	□ \$:	55 Filing Fee & Certified Copy
INHS18 (2/14	4)		

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: 45-	4 14th Ave S LI	LÇ		
2. (a)		501 E Kennedy Blvd, 14th FL, Tampa FL 33	•		501 E Kennedy Blvd, 14th FL, Tampa FL 33602	
(,	Principal office address of limited liability (Note: MUST BE STREET ADDR		_ (b)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		8/3/22		- - [181
3.		Date of filing/registration in Flor	rida	4.		Document number
	(a)	CT Corporation System				
5.	(a)	Registered Agent and Registered Office shown on	the records of th	e Florida	Dept. of State	- e:
		1200 South Pine Island Rd, Plantation FL 33	3324			
		Registered Office Address (MUST BE FLORI	· 28			
		1200 South Pine Island Rd				
		Plantation By 33324				
			FL_			
((b)	Jesse Shemesh				
Ì		Enter name of NEW Registered Agent and/or NEW Registered Office address:			riil2: 20	
		501 E Kennedy Blvd, 14th FL Tampa FL 33				
		NEW Registered Office Address:				
		501 E Kennedy Blvd 14th Fl		_		-
		Tampa	, FL_	3602		-
char ager was the	nge nt w /we arti	imited liability company is not organized to or changes are made, the Florida street activity be identical. Or, in the case of a Floridate authorized by an affirmative vote of the cles of organization or the operating agreements. Martina ture of a member or authorized representative of a recognition of a member or authorized representative of a recognition.	Idress of the re da limited liab e members of ement of the li	egistered ility con the limit mited lia	l office and npany, it is ted liability	If the business office of the registered thereby confirmed that the change(s) company or as otherwise provided in
Si	gnat	ture of a member or authorized representative of a r	nember			Printed or typed name of signee
prov the to n	usiobli obli iere fieo	by accept the appointment as registered as ons of all statutes relative to the proper a igations of my position as registered agencly reflect a change in the registered office I in writing of this change.	gent and agree id complete pet t as provided j c address. I he	e to act i erformai for in Cl reby cor	n this capa nce of my a napter 605, yirm that t	acity. I further agree to comply with the luties, and I am familiar with and accept , F.S. Or, if this document is being filed he limited liability company has been

Signature of Registered Agent