## L22000383378

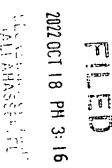
(Re	equestor's Name)				
(Address)					
(Address)					
(Ĉit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					
		·			
<u> </u>					

Office Use Only



900395487239

18/18/22=-01024=-014 \*\*55.00



## **COVER LETTER**

ŢO:	Registration Section Division of Corporations			•	,
SUBJ					
	Nar	ne of I	Limited	Liability Company	
Dear S	Sir or Madam:				,
The er	nclosed Registered Agent/Registered Off	lice Ch	ange a	nd fee(s) are submitted for filing.	/
Please	e return all correspondence concerning th	is mat	ter to tl	ne following:	
Sany	/a Lee Taylor				/
	Name of Person		_	<del></del>	/
h	mares LC				/
	Firm/Company				
1350	Kinau Street, Apt. 8				
	Address			<del></del>	
Hono	olulu, Hawaii-96814				
	City/State and Zip Code				
sany	at@romara.net				
	E-mail address: (to be used for future and	nual re	port no	tification)	
For fu	rther information concerning this matter	, pleas	e call:		
Sany	a Lee Taylor	at i	954	, 638-1782	
	Name of Person		\	Area Code & Daytime Telepho	one Number
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		i i i	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
	Enclosed is a check for the following	g amou	ınt:		
	□ \$25 F		V		

## 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.

rioria						
L N	ame of the limited liability company: ROMARAJ L	LC_				
2. (a)	2630 W Broward Boulevard, Suite 303		(h) 2630	) W Broward Boulevard, Suite 203		
2. (a) <sub>-</sub>	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	liability company;		Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BOX)		
	Fort Lauderdale		Fort	Lauderdale		
	Florida-33312	_	Florid	da-33312		
	August 31,2021		L2200	00383378		
3.	Date of filing/registration in Florida	_ 4.		Document number		
5. (a)	Cheyenne Mosley					
J. (a,	Registered Agent and Registered Office shown on the records of	the Flor	ida Dept. of	State:		
	United States Corporation Agents Inc.					
	Registered Office Address	<u>ADDRE</u>	<u>(S.S.)</u>	<del></del>		
	5575 S. Se moran Boulevard, Suite 36			57.000 1000		
	Orlando, FI	3282	22	OCT THE		
(b)	Janet Palmer  Enter name of NEW Registered Agent and/or NEW Registered	l Office	address;	2022 OCT 18 PH 3: 16		
	NEW Registered Office Address:		-	<del></del>		
	8208 Santa Monica Avenue			···		
	Tamarac , FI	3331	2			
the ch agent was/w the ar Signa I here provis the ob to men	limited liability company is not organized under the la ange or changes are made, the Florida street address o will be identical. Or, in the case of a Florida limited I gere authorized by an affirmative vote of the members in organization or the operating agreement of the autre of a member or authorized representative of a member why accept the appointment as registered agent and agains of all statutes relative to the proper and complete ligations of my position as registered agent as provided by reflect a change in the registered office address, I add in writing of this change.	f the re ability of the limite	gistered o company, imited lial d liability anya Le	ffice and the business office of the registered, it is hereby confirmed that the change(s) bility company or as otherwise provided in company.  e Taylor  Printed or typed name of signee  congains: I further garge to comply with the		
$\sim$	enet Palmer					
Signati	ure of Registered Agent					