L22000384910

(Requestor's Name)				
(Address)				
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PICK-UP WAIT MAIL				
(Business Entity Name)				
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TO:

Amendment Section Division of Corporations

Fice/Agent and fee are submitted for filing.
tter to the following:

port notification)
se call:
at (813)285-8858
at (813)285-8858 Area Code & Daytime Telephone Number
partment of State.
Street Address: Amendment Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E045 (04/13)

Statement of change of registered office or registered agent or both for corporations

statement of cha	nge is submitted for a corpo	502, 617,0502, 607,1508, or 617,1508. Florida Sta oration organized under the laws of the State of <mark>Flo</mark> Jice or registered agent, or both, in the State of Flo	rida	
1. The name of t	he corporation: Asaduliah H	loldings Lt.C		
	office address: 604 Gay Road			
3. The mailing a	ddress (if different):			
		mber 8, 2022 Document number: L220003849)10	
	street address of the curren tinent of State: (If resigned,	nt registered agent and registered office on file with enter resigned)	the	
	UNITED STATES CORPOR	RATION AGENTS, INC.		
	476 RIVERSIDE AVE		L-3	
	JACKSONVILLE, FL 3220	2 A.S.	023 A!	en vil
6. The name and (if changed):	street address of the new re	egistered agent (if changed) and /or registered office		g-12# g-12# j
	Jamaica R. Johnson		至了	U
	604 Gay Road	<u> </u>	7: 05	
	· · · ·	P.O. Box NOT acceptable	, , ,	
	Seffner, FL 33584			
The street addre	ess of its registered office a be identical.	nd the street address of the business office of its r	registered a	igent,
Such change wa authorized by th	is authorized by resolution the board, or the corporation	duly adopted by its board of directors or by an of has been notified in writing of the change.	ficer so	
SUN	The state of the s	7/30/2023		
Signatur	re of an officer or director	Printed or typed name and title		
I further agrée i of my duties, an document is bei	o comply with the provision to a lam familiar with and a	red agent and agree to act in this capacity, ons of all statutes relative to the proper and complecept the obligation of my position as registered a change in the registered office address, I hereby this change.	lete perfori igent. Or confirm th	mance if this at the
0		7/30/2023		
Sign	nature of Registered Agent	Date		
If signing on be	half of an entity:			
T	vped or Printed Name			

* * * FILING FEE: \$35.00 * * *