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(Req	uestor's Name)	
(Add	ress)	
DbA)	ress)	
(City)	/State/Zip/Phone #)
PICK-UP	MAIT	MAIL
(Busi	ness Entity Name)
(Document Number)		
Certified Copies	Certificates of	f Status
Special Instructions to Fi	lling Officer;	





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COVER LETTER

TO: Registration Section Division of Corporations	3	
SUBJECT: Curt connie burt,	LLC	
Name of Lim	ited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered Office Change	ge and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter	to the following:	
Curtis Burton		
Name of Person		
Curt connie burt, LLC		
1617 Ridgewood Lane Address		
Sarasota, FL 34231		
City/State and Zip Code		
Curtburt o gmail. E-mail address: (to be used for future annual report	Com t notification)	
For further information concerning this matter, please co	all:	
Curtis Burton at (813) 114-9858 Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	
Enclosed is a check for the following amount:		
\$25 Filing Fee	□ \$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: Curt connie burt, LLC.
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Note: MAY BE POST OFFICE BOX)
	Sarasota, FL 34231 Sarasota, FL 34231
	09 02 2022 LAA000387235
3.	Date of filing/registration in Florida 4. Document number
5. (a) United States Corporation Agents, Inc. Registered Agent and Registered Office shown on the records of the Florida Dept. of State: H14 Riverside Ave. Registered Office Address MUST BE FLORIDA STREET ADDRESS)
(i	Jacksonville, FL 32202 FL Curtis Burton Enter name of NEW Registered Agent and/or NEW Registered Office address: 1617 Ridgewood Lane NEW Registered Office Address: Saras ota, FL 34231
	,FL
the cagen was/the a	change or changes are made, the Florida street address of the registered office and the business office of the registered it will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in articles of organization or the operating agreement of the limited liability company. Lights D. Burton Printed or typed name of signee reby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the
prov the c to m	isions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed erely reflect a change in the registered office address. I hereby confirm that the limited liability company has been fied in writing of this change.

Signature of Registered Agent