LZZ000409368

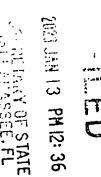
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300400159993

01/12/23--01004--018 **[5.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: RESCUE DIP JV /	19 Jant 100 JHC bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ec(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	ollowing:
Leandro Salvada Name of Person	_
FRESCUEDTED IN HALEATION	
21649 VIO/et periwinke.	DO
Address	,
Jardodako F1 34637	
City/State and Zip Code	_
LeoFf 199/20 Chros/10000 E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
Leander Solvado at (305) Name of Person	761-4045 Area Code & Daytime Telephone Number
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

☐ \$55 Filing Fee & Certified Copy

\$25 Filing Fee

Enclosed is a check for the following amount:

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: Sels Cul.	DOP IL	1 HydgaTi	100	1-4	
2. (a) 336 F. COllege AVE	•	0		(
Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	(b)	Mailing address of lim		•	
Sure 301					
Tallahasser, Fl 32301					
9/25/202			<u>-</u>		
3. Date of filing/registration in Florida	4.	Document numbe	r		
5. (a) ZeriBusiness Inc.					
Registered Agent and Registered Office shown on the records of t	the Florida Dept, of St	ate:			
336 E. COILLY AVE					
Registered Office Address (MUST BE FLORIDA STREET A	ADDRESS)			2	
sure 30/		<u></u>		023	
	3730/	_		JAN 1	Carriera F
1 10 - 10 10	•		ARY OF	ယ	6-12-D
(b) Leandon Salvachol	055	<u> </u>	Š P	뭐	111
Enter name of NEW Registered Agent and/or NEW Registered	Office address:		S	PH 12: 36	U
21649 VIDLET FEBINIO	KIL DO		L'AH	36	
NEW Registered Office Address:					
Land o Jakes, Ft					
, FL	34637				
If the limited liability company is not organized under the law	us of the State of F	llorida, it is horaby s	ontiem	ad tha	t after the
change or changes are made, the Florida street address of the agent will be identical. Or, in the case of a Florida limited lia was/were authorized by an affirmative vote of the members of the articles of organization or the operating agreement of the	registered office a bility company, it of the limited liabil	nd the business office is hereby confirmed ity company or as of	ce of th I that th	e regi: ie chai	stered ngc(s)
	•		1.21	1	
Signature of a member or authorized representative of a member	<u>, , , , , , , , , , , , , , , , , , , </u>	Printed or typed nam	e of sign	ee	
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete the obligations of my position as registered agent as provided to merely reflect a change in the registered office address, I had notified in writing of this change.	ee to act in this caperformance of my for in Chapter 60 tereby confirm that	pacity. I further agr duties, and I am fa 5, F.S. Or, if this d t the limited liability	ee to comiliar vocumer compo	omply with a nt is be any ha	with the nd accept eing filed s been
Signature of Revisioned Agent					