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## **COVER LETTER**

Registration Section

TO:

INHS18 (2/14)

Division of Corporations						
Power Bolt LLC						
SUBJECT: Name of L	Name of Limited Liability Company					
Dear Sir or Madam:						
The enclosed Registered Agent/Registered Office Ch	nange and fee(s) are submitted for filing.					
Please return all correspondence concerning this matt	ter to the following:					
Tura Busse						
Name of Person						
Firm/Company						
6261 Topaz Ct						
Address	<del></del>					
Fort Myers, FL 33966	· · · · · · · · · · · · · · · · · · ·					
City/State and Zip Code	· C					
turab@powerboltandtool.com						
E-mail address: (to be used for future annual re	eport notification)					
For further information concerning this matter, please	se call:					
Tura Busse	239 768-9028					
Name of Person	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					
Enclosed is a check for the following amou	unt:					
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy					

## 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.

a) _	9603 Trelago Way, Apt 2, Maitland, FL 32751  Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		(b) 603 Trelago Way, Apt 202, Maitland, FL 32751		
(Ψ) .			/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	
		<u> </u>			
	09/21/2022		L22000410		
	Date of filing/registration in Florida	4.		Document number	
(a)	Alexander Business Law PLCC		_	_	
	Registered Agent and Registered Office shown on the records of	f the Florida	Dept. of Sta	ate:	
	Registered Office Address (MUST BE FLORIDA STREET	ADDRESS	<del></del>	_	
	11602 Lake Underhill Rd, Ste 102				
	Orlando	. 32825		·	
	, F	L			
b)	Tura Busse				
<i>-</i> ,	Enter name of NEW Registered Agent and/or NEW Registere	d Office ad	dress:		
	c/o Power Bolt and Tool Inc			:1	
	NEW Registered Office Address:				
	6261 Topaz Ct				
	Fort Myers, F	L		<u></u>	
ige it w /we	mited liability company is not organized under the la or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited li- ore authorized by an affirmative vote of the members cless of organization or the operating agreement of the	e registere iability co of the lim e limited l	d office a mpany, it ited liabili iability co	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in mpany.	
ppat	ure of a member or authorized representative of a member		7107/70	Printed or typed name of signee	
- orol	by accept the appointment as registered agent and agens of all statutes relative to the proper and complete igations of my position as registered agent as provide by reflect a change in the registered office address. I	ree to act	in this car	pacity. I further goree to comply with ti	