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(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:					
J. HORNE					
J. HORNE JAN 2 7 2023					

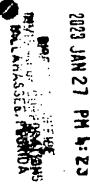
Office Use Only



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2023 JAN 27 PM 4: 28

01/30/23---01001--023 **2



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Sissing Name of Limit	1007 + eCS LLC ted Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change	e and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	o the following:
Brenda Aguilar Name of Person	
Firm/Company	
70 Oak coxt Address	
Havara FL 32333 City/State and Zip Code	
E-mail address: (to be used for future annual eport	notification)
For further information concerning this matter, please cal	II:
Rame of Person	318 614 - 2037 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 amount:	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH F LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116. Florida Statutes, the undersigned limited liability compubmits the following statement in order to change its registered office or registered agent, or both, in the State of Flori

1.	Nr	ume of the limited liability company: B155 Ful	Quarters	LLC
	(a)	70 oak court	(b) 70 GC	ill court
	(4)	Principal office address of limited liability company:	Mailing add	dress of limited liability company:
		(<u>Note: MUST BE STREET ADDRESS</u>)	• \	IAY BE POST OFFICE BOX)
		Havery FL 32333	Havanc	1 H 5655
		9-27-2022	L2200	10420339
3.		Date of filing/registration in Florida 4.	Docume	nt number
5.	(a)	Heerda Havilar		
• •	,.,,	Registered Agent and Registered Office shown on the records of the Flo	orida Dept. of State:	
		6305 NaDles Blud #10	17-3	
		Registered Office Address		
				20
		Naples FL 3	1409	D23 JAN 27 SECRETARY
	(b)	Brenda Aguilar		27 F
	` ,	Enter name of NEW Registered Agent and/or NEW Registered Office	e address:	_ = -
		70 oak court		PM 4: 30
		NEW Registered Office Address:		
			70070	
		Havana FL 3	54333	
lf	the I	imited liability company is not organized under the laws of	the State of Florida, it is	s hereby confirmed that af

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that af change or changes are made, the Florida street address of the registered office and the business office of the register agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provide the articles of organization or the operating agreement of the limited liability company.

Signature of a member or authorized representative of a member

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply we provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being to merely reflect to change in the registered office address. I hereby confirm that the limited liability company has knottined in writing of this change.

Signature of Registered Agent