L22000438959

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COVER LETTER

	egistration Section vision of Corporations					
SUBJECT	1815 E Street LOX LLC, a Florida limited liability	company				
Name of Limited Liability Company						
Dear Sir o	r Madam:					
The enclos	sed Registered Agent/Registered Office Change a	nd fee(s) are submitted for filing.				
Please retu	arn all correspondence concerning this matter to the	e following:				
George D'A	Ambrosio					
	Name of Person					
	Firm/Company					
2144 Henk	ey Place					
	Address					
Wellington	, Fl. 33414					
	City/State and Zip Code					
info	@ ridgestion jumping . Co	M.				
	information concerning this matter, please call:	meanony				
<u>Geo</u>	STAR DAMBOSIO at (919) Name of Person	Area Code & Daytime Telephone Number				
Re Di P.	ailing Address: egistration Section evision of Corporations O. Box 6327 ellahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
Er	iclosed 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. Na	ame of the limited liability company:1815 E Street LOX		da limited liability company	
2. (a)	25 - Cl 1/2 1 1 33470 Willows Dogg Williams			
	10/13/2022	1.220	(#)438959	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)				
•	Registered Agent and Registered Office shown on the records of the George D'Ambrosio	he Florida Dept.	of State:	
	Registered Office Address (MUST BE FLORIDA STREET A	DDRESS)		
	Wellington , FL	33414		120
			î ;	2921 FEB
(b)	Enter name of NEW Registered Agent and/or NEW Registered (Office address:		E9 21
	George D'Ambrosio		·	
	NEW Registered Office Address:			· 명 · 명
	2144 Henley Place			1.3
	Wellington, FL_	33414		
change agent w was/we the artic	mited liability company is not organized under the laws or changes are made, the Florida street address of the reall be identical. Or, in the case of a Florida limited liab tre authorized by an affirmative vote of the members of cles of organization or the operating agreement of the liability and the second street of the liability and the second seco	egistered offi pility compan the limited li	ce and the business office of y, it is hereby confirmed the ability company or as other y company.	of the registered at the change(s)
Signat	the of a member or authorized representative of a member	Printed or typed name of	signee	
provisie the obli to mere	oy accept the appointment as registered agent and agre- ons of all statutes relative to the proper and complete p igations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	e to act in thi, erformance o for in Chaptè reby confirm	s capacity. I further agree of my duties, and I am famile to 605, F.S. Or, if this docu that the limited liability co.	to comply with the ar with and accept ment is being filed mpany has been
Signatur	co / Aud-Toxuo b of Registered Agent			