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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

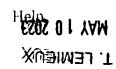
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## LLC REGISTERED AGENT CHANGE **WOLFE INVESTMENT ENTERPRISES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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## 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)	Principal office address of limited liability com (Note: MUST BE STREET ADDRESS)	pany:	h)	Mailing address (Note: MAY E		
	10/24/2022		 L22	00045747	1	
	Date of filing/registration in Florida	4.		Document m	ımber	
(a)	WOLFE, MICHELE					
	Registered Agent and Registered Office shown on the r	1 2.4 (24 1.1		re		
	Registered Agent and Registered Office shown on the	ecords of the Plorid	іа Бері, оі	State:		
	10939 AVANA WAY #105			State:		
	10939 AVANA WAY #105 Registered Office Address (MUST BE FLORIDA S	STREET ADDRES	<u>S)</u>	Stare:		
(b)	10939 AVANA WAY #105 Registered Office Address (MUST BE FLORIDA STRINITY  Registered Agents Inc	STREET ADDRES	<u>s</u>	State:		
(b)	10939 AVANA WAY #105 Registered Office Address (MUST BE FLORIDA STRINITY	STREET ADDRES	<u>s</u>	State:		
(b)	10939 AVANA WAY #105 Registered Office Address (MUST BE FLORIDA STRINITY  Registered Agents Inc	STREET ADDRES	<u>s</u>	State:		
(b)	10939 AVANA WAY #105 Registered Office Address (MUST BE FLORIDA STRINITY  Registered Agents Inc  Enter name of NEW Registered Agent and/or NEW	STREET ADDRES	<u>s</u>	State:		2022
(b)	10939 AVANA WAY #105 Registered Office Address (MUST BE FLORIDA STRINITY  Registered Agents Inc Enter name of NEW Registered Agent and/or NEW R	STREET ADDRES	<u>s</u>	State:		2023Mes/29 PM

was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Partie we former Robin Jones 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 with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

David Roberts - Assistant Secretary

Signature of Registered Agent