172000458172

| (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: |
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| |

Office Use Only



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COVER LETTER

Registration Section Division of Corporations

TO:

| SUBJECT: STARTED FROM Name of Limited Lie | bility Company |
|--|--|
| Dear Sir or Madam: | |
| The enclosed Registered Agent/Registered Office Change and f | ee(s) are submitted for filing. |
| Please return all correspondence concerning this matter to the fo | ollowing: |
| SANDRA SIEMP Name of Person | |
| KEEP IT SIMPLE SOLUTION Firm/Company | - - |
| 6421 NW 51CT Address | |
| CAUDERDA/E, F1 33319 City/State and Zip Code | _ |
| DE CONTA HARRIS 86 @ GMA E-mail address: (to be used for future annual report notific | |
| For further information concerning this matter, please call: | |
| SANDRA S/EMP at (954) 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 amount: | |
| □ \$25 Filing Fee □ \$5: | 5 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.

| | | 30 | , | C. | | , |
|----------------------------|--|--|--|---|--|---|
| 1. N | ime of the limited liability company: | ヒカ | FREF | 1 NOTH | 1NG | INC |
| 2. (a) | 1019 NW 13CT. | (b)] | | <- 5A | ME. | |
| . , | Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) | | | Mailing address of (Note: MAY E | of limited lia | , , , |
| | Fr. LAUDERDALE | | | | | . |
| | F/ 333// | | | | | |
| | 10/24/22 | | 4 | 22 000 | 458 | 122 |
| 3. | Date of filing/registration in Florida | 4. | | Document nu | | |
| 5. (a) | KEEP IT SIMPLE Solution | NS / | nc. | | | |
| | Registered Agent and Registered Office shown on the records of t | he Florida E | ept, of St | ate: | | |
| | 6421 NW 51 CT | | | _ | Ø | 20 |
| | Registered Office Address (MUST BE FLORIDA STREET A | (DDRESS) | | | Z Č |)22 H |
| | | | | _ | | 2 |
| | FORT LAUDERUALEFL | 33 | 219 | | 11.50 | <u> </u> |
| | | | | | | |
| (b) | Enter name of NEW Registered Agent and/or NEW Registered | | | | (0) | PH 17: |
| | Enter name of NEW Registered Agent and/or NEW Registered | Office addr | 'ess': | | | ហ ហ |
| | DECNIA G. HARRIS | | | | | |
| | NEW Registered Office Address: | | | | | |
| | 1015 NW 13 CT | <u>.</u> | | | | |
| | FT. LAUDENCALE .FL | 3 <i>3</i> : | 3 // | | | |
| If that | imited liability company is not organized under the law | w af tha S | tato of I | Slavida it is bere | eby contin | med that after the |
| change | or changes are made, the Florida street address of the | registered | office a | ind the business | office of | the registered |
| was/w | will be identical. Or, in the case of a Florida limited lia ere authorized by an affirmative vote of the members o icles of organization or the operating agreement of the | f the limit limited lia | ed liabil bility co | lity company or ompany. | as otherw | ise provided in |
| | Jendin Liery, ture of a member or authorized representative of a member | | 5. | ANNEA Printed or typed | SIEN | , _P |
| Signa | ture of a member or authorized representative of a member | | | Printed or typed | l name of sig | gnee |
| provis the ob to mer | by accept the appointment as registered agent and agre ions of all statutes relative to the proper and complete p ligations of my position as registered agent as provided ely reflect a change in the registered office address. I h d in writing of this change. | ee to act in performan I for in Ch vereby con | n this ca ce of m apter 60 firm tha | pacity. I furthen y duties, and I a 95, F.S. Or, if th at the limited lian | r agree to m familia his docum bility com | comply with the r with and accept ent is being filed pany has been |
| Signati | A In Writing of this ordange. A Consideration of Registered Agent | | | | | |

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00