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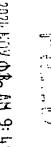
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COVER LETTER

Registration Section Division of Corporations

TO:

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fe	e(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Stuart J. Barks Name of Person	-
Barks Law Firm, Puc	-
120 MWN Oak antre	Drive
Longwood PL 32750 City/State and Zip Code	-
Stuart @ barks law fir / E-mail address: (to be used for future annual report notifical	Ma COM
For further information concerning this matter, please call:	
STUAR BARKS at 407	321 - 1224 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: S25 Filing Fee Check at S55 INHS18 (2/14) Previously affice; Mailed. \$35 Chack	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.

l. N	Same of the limited liability company: Barks Law Firm, Puc
2. (a)	12711 112001 2001
- (u)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Savanial Ha 3000
	Sarabia, 12 saist
	10/28/2022 L22000464222
3.	Date of filing/registration in Florida 4. Document number
5. (a	· · · · · · · · · · · · · · · · · · ·
	Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
	Registered Office Address MUST BE FLORIDA STREET ADDRESS)
	Sanford PC
	EL 32771
(b)	Enter name of NEW Resistered Agent and/or NEW Registered Office address:
	Long wood Fr 32750
	NEW Registered Office Address:
	120 Crown Oak Centre Drive
	Long wood
If the	limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the ge or changes are made, the Florida street address of the registered office and the business office of the registered
agent	will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in
	ticles of organization or the operating agreement of the limited liability company.
Sign	Stury of s'member or authorized representative of a member Stury Of s'member or authorized representative of a member of signer of signer of signer or signer of signer or sign
Llenn	the form of the second of the
provi. the ol to me	eth accept the appointment as registered agent and agree to act in this capacity. I farther agree to comply wan the silving of all statutes relative to the proper and complete performance of my duties, and I am Jamiliar with and accept bligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed rely reflect a change in the registered office address, I hereby confirm that the limited liability company has been ed in writing of this change.
notifi	ed inthistips of this change.
Signa	rdie of Registered Agent
	Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314