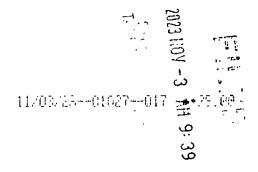


(Requestor's Name)
(Address)
(Address)
(,
(City/State/Zip/Phone #)
(City/State/Zip/Prione #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
Certified copies Certificates of Status
Special Instructions to Filing Officer.
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: + 21 Enterprise UC Name of Limited L	iability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
John Mostoraiovana	
Jo Aan Mestrogiovann, Name of Person	
اسا	
121 Enlerprise LLC Firm/Company	
VFirm/Company	
24123 Peachland Blvd C-4 142	
Address	
A A 1 = 200-11	
Port Charlotte FL 33954 City/State and Zip Code	
City/State and Zip Code	
E-mail address: (to be used for future annual report notif	
E-mail address: (to be used for future annual report notif	ication)
For further information concerning this matter, please call:	
TA Machine and man	1101 212
Name of Rerson at (239	Area Code & Daytime Telephone Number
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	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

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. N	Name of the limited liability company: + 21 Enterprise LL	C		
2. (a)		123 Peachlary Mailing address of li	imited liability company: POST OFFICE BOX	
	Punta Gorda F1 33983-6700 C-4	1142		
	2v7-	Charbotte, FC	33954	
	Date of filling/registration in Florida 4.	120004763	38	
3.	• •	Document numb	ber	
5. (a	Registered Agent and Registered Office shown on the records of the Florida Dept. of S United States Compation Agents The Registered Office Address (MUST BE FLORIDA STREET ADDRESS) 476 Kiverside Ave Jackson Ville FL 32202 Enter name of NEW Registered Agent and/or NEW Registered Office address: DANN Must Frequency NEW Registered Office Address: 25568 Heritage Lake Gird Punta Gorda FL 33983-6		2023 NOV -3 AM 9:39	11 Per 12
changagent was/v the was Sign I her provide the me watific	limited liability company is not organized under the laws of the State of lie or changes are made, the Florida street address of the registered office will be identical. Or, in the case of a Florida limited liability company, invere authorized by an affirmative vote of the members of the limited liabilities of organization or the operating agreement of the limited liability company.	Florida, it is hereby and the business of t is hereby confirmality company or as company. Nostragional repetition of typed national confirmation of typed national confirmation. I further a	ffice of the registered ted that the change(s) otherwise provided in the change of signee	n the