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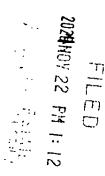
(Requestor's Name)		
(Address)		
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(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
/Daguera Munkari		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
J. HORNE		

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
RADMO Enterprises, LLC SUBJECT:	
Name of Limited I	Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the	following:
Ashley O'Brien	
Name of Person	
RADMO Enterprises, LLC	
Firm/Company	
P.O. Box 320124	
Address	
Cocoa Beach, FL 32932	
City/State and Zip Code	
ashleyanneobrien70@gmail.com	
E-mail address: (to be used for future annual report noti	fication)
For further information concerning this matter, please call:	
Ashley O'Brien 321 at (652-7414
Name of Person	Area Code & Daytime Telephone Number
Mailing Address:	Street Address:
Registration Section	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

*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) _		(b) ·	
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Cocoa Beach, FL 32931		ocoa Beach, FL 32932
	12/09/2022		2000517518
-	Date of filing/registration in Florida	4.	Document number
(a)	КНАПЛЕН НЕММАТІ		
İ	Registered Agent and Registered Office shown on the records ZENBUSINESS INC.	of the Florida De	pt. of State:
	Registered Office Address (MUST BE FLORIDA STREE	ET ADDRESS)	
	336 E. COLLEGE AVE., SUITE 301		202 t
	TALLAHASSEE,	FL_32301	FILED 2028 NOV 22 PH
(b) 🗓	ASHLEY O'BRIEN		
1	Enter name of NEW Registered Agent and/or NEW Register	red Office addre	55:
	404 DEMPSEY DRIVE		
	NEW Registered Office Address:		
	COCOA BEACH	FL_32931	
nange gent w as/wei	mited liability company is not organized under the or changes are made, the Florida street address of till be identical. Or, in the case of a Florida limited re authorized by an affirmative vote of the member cles of organization or the operating agreement of t	the registered of Hiability comp rs of the limite	office and the business office of the registered bany, it is hereby confirmed that the change(s) d liability company or as otherwise provided in
A	they O'Brien		O'Brien
Signati	ure of a prember or authorized representative of a member		Printed or typed name of signee

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

Signature of Registered Agen