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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJE	RECOVERY FROM SOCIETY	Y LLC	
00001		Name of Limited I	Liability Company
Dear S	ir or Madam:		
The en	closed Registered Agent/Registered	l Office Change and	I fee(s) are submitted for filing.
Please	return all correspondence concernir	ng this matter to the	following:
Andrew	v Pierce		
	Name of Person		<del></del>
CINDY	'S FLORIDA LLC		
	Firm/Company		
8051 N	. Tamiami Trail STE E6		•••
	Address	-	
Sarasota	a, Florida, 34243		<u>.</u>
	City/State and Zip Co	de	<del></del>
reports@	@cloudpeaklaw.com		
E-	-mail address: (to be used for future	annual report notif	fication)
For furt	ther information concerning this ma	tter, please call:	
Andrew	Pierce	307 at (	683-0983
	Name of Person	at \	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 follow	ving amount:	
	■ \$25 Fiting Fee	□ s	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. Na	ame of the limited liability company:	OM SOCIETY LLC		
2. (a)	8051 N. Tamiami Trail STE E6	(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)	
	Sarasota, Florida, 34243	Sarasota,	Florida, 34243	
	12/14/2022	L22000530	013	
3.	Date of filing/registration in Florida	4.	Document number	
5. (a)	JORDEN, CRAIG, JR			
2. ( <del>-</del> )	Registered Agent and Registered Office shown on the records of the Florida Dept. of State 455 N. US HWY 41		202) FEB 13	
	Registered Office Address (MUST BE FLORIDA STREET #1126	18 13 EB		
	RUSKIN , FI		3 14 10: 0.7	
(b)	CINDY'S FLORIDA LLC		27	
	Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registered</u>	d Office address:		
	8051 N. Tamiami Trail STE E6			
	NEW Registered Office Address:		_	
	Sarasota	_34243	_	
change agent v was/we	imited liability company is not organized under the law or changes are made, the Florida street address of the will be identical. Or, in the case of a Florida limited like authorized by an affirmative vote of the members of cles of organization or the operating agreement of the	ws of the State of Flore registered office an ability company, it is of the limited liability	d the business office of the registered s hereby confirmed that the change(s) y company or as otherwise provided in	
	Mill.	Andrew Pierce		
	ture of a member or authorized representative of a member		Printed or typed name of signee	
provisi the obl to merc	by accept the appointment as registered agent and agr ions of all statutes relative to the proper and complete igations of my position as registered agent as provide ely reflect a change in the registered office address, I i d in writing of this change	ree to act in this capt performance of my t d for in Chapter 605 hereby confirm that	acity. I further agree to comply with the duties, and I am familiar with and accept , F.S. Or, if this document is being filed the limited liability company has been	
Cionato	To of Paristand A vanish			
Signatu	re of Registered Agent			