

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000017707 3)))



H240000177073ABC

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_\_\_

## LLC REGISTERED AGENT CHANGE A SISTER'S PROMISE LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 17 2024

K Brumbley

## 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	ame of the limited liability company: A Sister's Promise	: LLC			
2. (a)	4310 S Thatcher Ave		(b) 4310 S Th		hatcher Ave
(,	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	(0)		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Tampa, FL 336†1	<del></del>		Tampa, FL	FL 33611
	12/29/2022 12:00:0 <b>0</b> AM		I.	.230000044	4406
3.	Date of filing/registration in Florida	4.			Document number
5. (a)	LEGALINC CORPORATE SERVICES INC.				
,	Registered Agent and Registered Office shown on the records of	the Flor	ida L	Pept. of State	ate:
	476 Riverside Ave.				
	Registered Office Address (MUST BE FLORIDA STREET)	1DDRE	<u> 22)</u>		<del></del>
					~>
	Jacksonville	32202	•		
(b)	Corporate Creations Network Inc.		•		2024 JAN 16
•	Enter name of NEW Registered Agent and/or NEW Registered	Office	addı	'ess:	S PH
	801 US Highway 1				
	NEW Registered Office Address:				- <u>ω</u>
					_
	North Palm Beach , FL	33408			_
change agent was/w	timited liability company is not organized under the law e or changes are made, the Florida street address of the 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	registo bility of f the li	red com mit	office and pany, it is ed liability	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in
	Kristen Espinales	K	riste	n Espinales	es, Attorney-in-Fact
_	sture of a member or authorized representative of a member				Printed or typed name of signee
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 providea ely reflect a change in the registered office address. I h d'in writing of this change.	ee to a perform I for in ereby	ct ir man Ch con	this capa ce of my a apter 605, firm that t	pacity. I further agree to comply with the duties, and I am familiar with and accept 5. F.S. Or, if this document is being filed the limited liability company has been
	Kristen Espinales Kristen Espinales. Special Secretary				