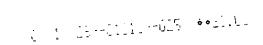
L23 00000 705S

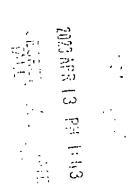
(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



700406552387





COVER LETTER

TO:	Registration Section Division of Corporations						
SUBJI	Six Thirteen Companies LLC ECT:						
	N	ame of Limite	ed Liability Company				
Dear S	ir or Madam:						
The en	closed Registered Agent/Registered O	ffice Change	and fee(s) are submitted for filing.				
Please	return all correspondence concerning	this matter to	the following:				
David I	Roberts						
J	Name of Person		7023 A				
Six Thirteen Companies LLC			——————————————————————————————————————				
	Firm/Company						
901 4th	St N STE 300		ా ————————————————————————————————————				
	Address		in a				
St. Pete	ersburg, FL 33702						
	City/State and Zip Code						
patterso	onderian@comcast.net						
Ē	-mail address: (to be used for future a	nnual report n	otification)				
For fur	ther information concerning this matte	er, please call:					
Derian	Patterson	678 at (899-7076				
	Name of Person		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	ıg amount:					
	\$25 Filing Fee	C	□ \$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.

. Na	ame of the limited liability company:	npanies I	.LC	
2. (a)	100 Hampton Rd Lot 149		(b) P.O. Box	3961
(-)	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)			Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
	Clearwater, FL 33759		Cartersvill	le, Ga 30120
	January 03, 2023		L230000070	055
i.	Date of filing/registration in Florida Derian Patterson	4.		Document number
(b)	Registered Agent and Registered Office shown on the records of the Florida Dept. of Sta 100 Hampton Rd Lot 149 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			
	Clearwater , F	L		2023 APR 13
	David Roberts Enter name of <u>NEW Registered Agent</u> and/or <u>NEW Registere</u>	d Office a	ıddress:	- 5
	7901 4th St N STE 300			
	NEW Registered Office Address:			- 12
	St. Petersburg, F	L_33702		_
change agent v vas/we he arti	imited liability company is not organized under the last or changes are made, the Florida street address of the vill be identical. Or, in the case of a Florida limited library authorized by an affirmative vote of the members cles of organization or the operating agreement of the united library authorized representative of a member	e registe iability of of the li e limited	red office an company, it i mited liabilit	nd the business office of the registered is hereby confirmed that the change(s) ty company or as otherwise provided in mpany.
rovisi he obl o mere	by accept the appointment us registered agent and ag 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 d jn writin g o f this change.	o neriori	nance of my .	duties and Lam familiar with and accer

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

Signature of Registered Agent