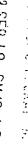
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(City	//State/Zip/Phone	e #)				
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## COVER LETTER

TO: Registration Section Division of Corporations	
Michele Lee Freda LLC SUBJECT:	
	nited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chan	ge and fec(s) are submitted for filing.
Please return all correspondence concerning this matter	to the following:
Michel Lee Freda	
Name of Person	
Michele Lec Freda LLC	
Firm/Company	<del></del>
3102 Huntleigh Way	
Address	<del></del>
Melbourne, FL 32934	
City/State and Zip Code	
ANTHONY@TENNEXTAXSOLUTIONS.COM	
E-mail address: (to be used for future annual repo	ort notification)
For further information concerning this matter, please	call:
Anthony Francis at (	321 477-1279
Name of Person	Arca 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 amoun	nt:
■ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

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## 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. 1	Naı	ne of the limited liability company: Michele Lee Freda	LLC		
2. (a	1)	Michele Lee Freda		(b)	
<b>2</b> . (c	•, •	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)	_	("/	Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)
		3102 Huntleigh Way			
		Melbourne, FL 32934	_		
		1/1/2023		1.2300001	10612
3.		Date of filing/registration in Florida	4.		Document number
5. (	(a)	Dedicated Tax			
J. \	ω,	Registered Agent and Registered Office shown on the records of the Florida Dept. of State Dedicated Tax		thte:	
		Registered Office Address (MUST BE FLORIDA STREET ADDRESS)			N
		129 West Hibiscus Blvd. Suite L			1923 1923
		Melbourne . FL	32901		2023 SEP
(b)		Tennex Tax Solutions  Enter name of NEW Registered Agent and/or NEW Registered		address.	- A - A - A - A - A - A - A - A - A - A
		Tennex Tax Solutions	VAUSE		PH 12: 40
		NEW Registered Office Address:			
		1203 US Highway 1			
		Sebastian , FL	32958	3	
cha age was	nge nt ' s/w	imited 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 li- cre authorized by an affirmative vote of the members of icles of organization or the operating agreement of the	regist ability of the	ered office company, limited liab	and the business office of the registered it is hereby confirmed that the change(s) ility company or as otherwise provided in
_	_/	While I tude	-	Aichele Lec	
I h pro the to r	ere vis ob p <del>ci</del> ifie	the of a member of authorized representative of a member by accept the appointment as registered agent and agricions of all statutes relative to the proper and complete ligations of my position as registered agent as provide ely reflect dechange in the registered office address, I din writing of this change.	ree to perfo d for i hereby	act in this c rmance of n n Chapter ( v confirm th	Printed or typed name of signee capacity. I further agree to comply with the my duties, and I am familiar with and accept 605, F.S. Or, if this document is being filed nat the limited liability company has been

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