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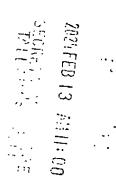
(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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02/13/24--01014--007 **25.00



COVER LETTER

Division of Corporations	
SUBJECT:	
Name of Limited Lia	bility Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Change and for	ee(s) are submitted for filing.
Please return all correspondence concerning this matter to the fo	llowing:
Name of Person	
Name of Person	
Firm/Company	MONFED 13
Address	
Address	000
City/State and Zip Code	
City/State and Zip Code	-
E-mail address: (to be used for future annual report notific	ation)
For further information concerning this matter, please call:	
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

☐ \$55 Filing Fee & Certified Copy

INHS18 (2/14)

\$25 Filing Fee

Enclosed is a check for the following amount:

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT ÖR BUTH 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	Νa	me of the limited liability company:
1.		10 7 1 6th 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
2.	(a)	Principal office address of limited liability company: (b) \[\lambda
		(Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)
		101141
		Braine, 12, 13 34221 Relavite, Fl. 118 34/2
		Tancar 15 2023 L23 (11117)
3.		Date of filing/registration in Florida 4. Document number
5.	(a)	2:11 12181 125 Inc
		Registered Agent and Registered Office shown on the records of the Florida Dept. of State
		356 L College Mi
		Registered Office Address (MUST BF. FLORIDA STREET ADDRESS)
		<u> </u>
	(b)	Enter name of NEW Registered Agent and/or NEW Registered Office address:
		Enter name of NEW Registered Agent and/or NEW Registered Office address:
		NEW Registered Office Address:
		1-climatile -FL 3-4221
age was the	nge nt w s/we arti-	mited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the or changes are made, the Florida street address of the registered office and the business office of the registered fill be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) re authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in cles of organization or the operating agreement of the limited liability company. The printed or typed name of signed are of a member or authorized representative of a member.
pro the to i not	visie obli nere ifiéa	y accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the ons of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept gations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed by reflect a change in the registered office address. I hereby confirm that the limited liability company has been in writing of this change.