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COVER LETTER

TO: Registration Section Division of Corporations	*-
EDSMisc., LLC SUBJECT:	
Name of Lim	ited Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office Chang	ge and fee(s) are submitted for filing.
Please return all correspondence concerning this matter t	to the following:
Elizabeth Salinas	
Name of Person	
EDSMisc., LLC	
Firm/Company	
1328 Carlson Drive	
Address	
Orlando, FL 32804	
City/State and Zip Code	
elizabeth.salinas.law@gmail.com	
E-mail address: (to be used for future annual repor	t notification)
For further information concerning this matter, please ca	all:
Elizabeth Salinas 40 at (7 684-5494
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 amount:	:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy

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.

I. Na	ime of the limited liability company: EDSMisc.		
2. (a)	EDSMisc., LLC	(b)	EDSMisc., LLC
	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of limited liability company: <u>(Note: MAY BE POST OFFICE BOX)</u>
	7901 4th Street N. Suite 300		7901 4th Street N Suite 300
	St. Petersburg, FL 33702		St. Petersburg, FL 33702
	January 6, 2024		L230000015413
i.	Date of filing/registration in Florida	4.	Document number
i. (a)	Elizabeth Salinas		
. (,	Registered Agent and Registered Office shown on the records of	of the Florida	a Dept of State.
	1328 Carlson Drive		
	Registered Office Address <u>(MUST BE FLORIDA STREE</u>)	T ADDRESS)	
			2024
	Orlando	3280	FILED FILED WAR 1: 42 March 1: 42 March 1: 42
	, }	L	<u> </u>
(b)	Registered Agents Inc.		04
(0)	Enter name of NEW Registered Agent and/or NEW Registered	ed Office add	ldress - C
			Idress - 42
			7
	NEW Registered Office Address:		
	7901 4th Street N Suite 300		
	St. Petersburg	_{FL} 33	33702
hange gent w vas/we	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 lare authorized by an affirmative vote of the members cless of organization or the operating agreement of the	ne registered liability cor s of the limi e limited lis	ed office and the business office of the registered ompany, it is hereby confirmed that the change(s) nited liability company or as otherwise provided in
Signa	are of hiember or authorized representative of a member		Printed or typed name of signee
provisie he obli o mere	by accept the appointment as registered agent and agons of all statutes relative to the proper and completing ations of my position as registered agent as providely reflect a change in the registered office address. If I'm writing of this change.	e performai led for in Ci	ance of my duties, and I am familiar with and accept Thapter 605, F.S. Or, if this document is being file

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25,00

David Robertz
Signature of Registered Agent