## L230000 21410

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



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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.

	ame of the limited liability company: 413 SE BAUBLITS DR, PENSACOLA, FL 32507	41	3 SE BAUBLITS DR. PENSACOLA, FL 32507
•	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)	(0)	Mailing address of limited liability company:  (Note: MAY BE POST OFFICE BON)
	1/10/2023	L230	000021410
3.	Date of filing/registration in Florida	4.	Document number
5. (a)	Registered Agent and Registered Office shown on the records of MIKE PINO  Registered Office Address 413 SE BAUBLITS DR	Tthe Florida Dept	. of State:
	PENSACOLA FI	32507 L	2023 MAR 10 SECREDA TALLA
(b) .	Enter name of NEW Registered Agent and/or NEW Registered	Office address	
	JILL SMITH, ESQ.		
	NEW Registered Office Address: 9214 TIVOLI PLACE		, 1, 0
	Boca Raton FL	33434	
agent wwas/wer the artic  Signatu  I hereby provisio the obligato merel	mited liability company is not organized under the law or changes are made, the Florida street address of the ill be identical. Or, in the case of a Florida limited lia re authorized by an affirmative vote of the members of the of organization or the operating agreement of the of a member of authorized representative of a member of authorized registered agent and agree actions of my position as registered agent as provided by reflect a change in the registered office address. In the writing of this change	registered offi ability company of the limited li limited liability	ce and the business office of the registered y, it is hereby confirmed that the change(s) ability company or as otherwise provided in y company.  Printed or typed name of signee

## **COVER LETTER**

Division of Corporations				
TARGETED VELOCITY LLC				
SUBJECT:				
1	Vame of Limited	Liability Company		
Dear Sir or Madam:				
The enclosed Registered Agent/Registered (	Office Change ar	nd fee(s) are submitted for fi	lina	
Please return all correspondence concerning			···ig.	
		g.		
JILL SMITH, ESQ.				
Name of Person	<del></del>	<del></del>		
FLORIDA LEGAL ASSOCIATES				
Firm/Company	<del>, ,</del>	<u></u>		
9214 TIVOLI PLACE			2023 HAR SECRL TALL!	
Address		<del></del>	<b>三</b>	
Boca Raton, FL 33434			i.	
City/State and Zip Code		<del></del>	ri, ≖ !·⊘ =	
jill@floridalegalassociates.com			PH 1:39	
E-mail address: (to be used for future a	nnual report noti	fication)	וח	
For further information concerning this matter		,		
JILL SMITH, ESO.	561	201.0001		
, 200		376-7776		
Name of Person	at (	Area Code & Daytime To	elephone Number	
Mailing Address: Registration Section		Street Address:		
Division of Corporations		Registration Section Division of Corporatio	uno.	
P.O. Box 6327		The Centre of Tallahassee		
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
Enclosed is a check for the followin	e amount.			
	70.4 (11)			
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy			