

L230000043434

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

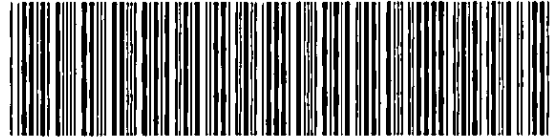
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J. HORNE
FEB 15 2024

Office Use Only



500422175425

01/23/24--01023--015 **25.00

FILED
24 JAN 23 PM 1:02
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Com4t L.L.C.

Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fec(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Courtney Proefrock

Name of Person

Anderson Business Advisors

Firm/Company

3225 McLeod Drive, #100

Address

Las Vegas, NV 89121

City/State and Zip Code

ra@andersonadvisors.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Courtney Proefrock

at (800) 706-4741

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.

1. Name of the limited liability company: Com4t L.L.C.
2. (a) 382 NE 191ST ST PMB 713693
Principal office address of limited liability company:
(Note: **MUST BE STREET ADDRESS**)
MIAMI, FL 33179
- (b) 382 NE 191ST ST PMB 713693
Mailing address of limited liability company:
(Note: **MAY BE POST OFFICE BOX**)
MIAMI, FL 33179
3. 01/24/2023 Date of filing/registration in Florida
4. 1.23000043434 Document number
5. (a) UNITED STATES CORPORATION AGENTS, INC.
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:
- Registered Office Address **(MUST BE FLORIDA STREET ADDRESS)**
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202
- (b) Anderson Registered Agents, Inc.
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:
625 E. Twiggs Street, Suite 110,
NEW Registered Office Address:
Tampa, FL 33602

FILED
24 JAN 23 PM 1:04
TALLAHASSEE, FLORIDA

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

Courtney Proefrock

Signature of a member or authorized representative of a member

Courtney Proefrock

Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]
Signature of Registered Agent