## L 23 0000 56258

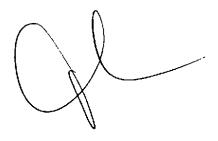
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							

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## **COVER LETTER**

то:	Registration Section Division of Corporations				
SUBJE					
		Name of Limited	d Liability Company		
Dear Si	r or Madam:				
The end	closed Registered Agent/Registered	Office Change a	and fee(s) are submitted for filing.		
Please i	return all correspondence concernin	g this matter to t	he following:		
Benjam	in Tillinger				
	Name of Person				
Motifs U	inltd				
	Firm/Company		<del></del>		
1635 Vo	enus st		1~		
	Address		**************************************		
Merritt	Island, Florida 32953				
	City/State and Zip Co	de	<del></del>		
Tillinge	r@hotmail.com				
E-	-mail address: (to be used for future	annual report no	otification)		
For furt	ther information concerning this ma	tter, please call:			
Benjam	in Tillinger	321 at (	848-4928		
	Name of Person		Area Code & Daytime Telephone Number		
	Mailing Address:		Street Address:		
	Registration Section		Registration Section		
	Division of Corporations		Division of Corporations		
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 follow	ving amount:			
■ \$25 Filing Fee □ \$5			\$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.

Na	ame of the limited liability company:							
(a)	1635 Venus st. Merritt Island, Florida 32953		(b)					
	Principal office address of limited liability company:  (Note: MUST BE STREET ADDRESS)		<b>(</b> )		Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)			
		<del></del> 						
	2/8/23	_	l -	.2300005	6258			
(a)	Date of filing/registration in Florida Sara Tillinger	4.			Document number			
()	Registered Agent and Registered Office shown on the records of the Florida Dept. of State: PASTERMACK REAL ESTATE							
	Registered Office Address (MUST BE FLORIDA STREET A	DDRE	SS		_			
	Merritt Island , FL	32953			·×)			
(0).	Benjamin Tillinger							
	Enter name of NEW Registered Agent and/or NEW Registered C	Office	add	ress:				
	1635 Venus Street	•						
	NEW Registered Office Address:	<del></del>	··					
	Merritt Island FL 3	32953			<del></del>			
mge ent w s/wc	mited liability company is not organized under the laws or changes are made, the Florida street address of the re ill be identical. Or, in the case of a Florida limited liab re authorized by an affirmative vote of the members of cles of organization or the operating agreement of the li	egiste oility o the li	ered com mit	office a pany, it ed liabili	nd the business office of the registered is hereby confirmed that the change(s) ity company or as otherwise provided in			
L	ue of a member or authorized representative of a member	Sa	ra T	illinger				
igiati	are of a member or authorized representative of a member				Printed or typed name of signee			
obli nere	y accept the appointment as registered agent and agree ons of all statutes relative to the proper and complete pagations of my position as registered agent as provided by reflect a change in the registered office address. I he in writing of this change.	ひとしいとり	77/11	COAT MIL	duting and I am lamiliou with and annou			

Signature of Registered Agent