L23 000 075 287

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Ceasar Marketing LLC			
	ne of Limited Liability Company		
Dear Sir or Madam:			
The enclosed Registered Agent/Registered Off	fice Change and fee(s) are submitted for filing.		
Please return all correspondence concerning th	nis matter to the following:		
Samantha Fryer			
Name of Person			
Firm/Company			
2248 Meridian Blvd Ste H			
Address			
Minden, NV 89423			
City/State and Zip Code			
sfryer@corporatedirect.com			
E-mail address: (to be used for future ann	nual report notification)		
For further information concerning this matter,	, please call:		
Samantha Fryer	at (800) 600-1760		
Name of Person	Area Code & Daytime Telephone Number		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		
Enclosed is a check for the following	amount:		
	☐ \$55 Filing Fee & Certified Copy		
INHS18 (2/14)			

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. N	ame of the limited liability company:	ing LLC		<i>,</i>
2. (a)		(
()	Principal office address of limited liability company: (Note: MUST BE STREET ADDRESS)		Mailing address of	of limited liability company: BE POST OFFICE BOX)
	501 East Las Olas Blvd Ste 200		501 East Las Olas Blvd S	te 200
	Fort Lauderdale, FL 33301		Fort Lauderdale, FL 3330	1
	02/10/2023		L23000075287	
3.	Date of filing/registration in Florida	4.	Document nu	ımber
5. (a)	·			
	Registered Agent and Registered Office shown on the records	of the Florid	a Dept. of State:	
	21			
	Registered Office Address (MUST BE FLORIDA STREE			
	3747 NW 53rd St	E11.17		
	Fort Lauderdale, [H 27 AH
(b)	Registered Agents Inc) 4: 2
	Enter name of NEW Registered Agent and/or NEW Register	ed Office ad	ldress:	
	7901 4th St N			
	NEW Registered Office Address:			
	STE 300			
	St. Petersburg	ار33702		
agent v was/we the arti	imited liability company is not organized under the lange or changes are made, the Florida street address will be identical. Or, in the case of a Florida limited are authorized by an affirmative vote of the members celes of organization or the operating agreement of the	aws of the of the reginal liability of the limited in the limited	stered office and the busir ompany, it is hereby confi- nited liability company or liability company.	ness office of the registered rmed that the change(s) as otherwise provided in
Signa	ture of a member or authorized representative of a member	Mari ——	cus Ceasar, Managing Memb	_
I heren provisi the obl to mere natified tha	by accept the appointment as registered agent and as ons of all statutes relative to the proper and complet igations of my position as registered agent as provially reflect a change in the registered office address, if in writing of this change. David Roberts - Assistant re of Registered Agent	te perform led for in (I hereby c	t in this appeals. I findle	I name of signee r agree to comply with the m familiar with and accept his document is being filed hility company has been

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314 FILING FEE: \$25.00