

L23000088193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

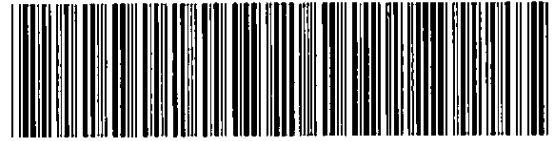
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

10.14.30

Office Use Only



100404413041

03/13/23--01022--011 **35.00

Vertical stamp text, possibly containing a date and time, oriented vertically on the right side of the page.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Cura dis, LLC
Name of Limited Liability Company

Dear Sir or Madam:

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

Please return all correspondence concerning this matter to the following:

Samantha Nicolini
Name of Person

Cura dis, LLC
Firm/Company

474 Ethredge St #1026
Address

Bushnell, FL 33513
City/State and Zip Code

Cura_dis1@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Samantha Nicolini at (813) 476 2044
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

Vertical stamp: RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL 32303

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: Curadis, LLC
 2. (a) 5155 Lakeward Dr Dade City, FL 33523 (b) 474 Ethredge St #1026 Bushrod FL 33533
 Principal office address of limited liability company: Mailing address of limited liability company:
 (Note: MUST BE STREET ADDRESS) (Note: MAY BE POST OFFICE BOX)

3. 2/24/23 Date of filing/registration in Florida 4. L23000088193 Document number

5. (a) Registered Agents, Inc
 Registered Agent and Registered Office shown on the records of the Florida Dept. of State.
7901 4th St N Suite 300
 Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

St Petersburg, FL 33702

(b) Samantha Nicolini
 Enter name of NEW Registered Agent and/or NEW Registered Office address:

5155 Lakeward Dr
NEW Registered Office Address

Dade City, FL 33523

FILED
 2023 MAR 30 AM 11:30
 TALLAHASSEE, FL

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.

[Signature]
 Signature of a member or authorized representative of a member

Samantha Nicolini
 Printed or typed name of signer

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